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Let Us Take Pride in Our Craft

RAE CHITTICK, M.A.

WHEN we met in Toronto two years ago, our greatest concern was the insufficient number of nurses in Canada to meet the increasing demands for their services. Federal and provincial governments were making extensive plans to improve the health of our people, yet these plans did not seem to include steps to increase the numbers in the nursing profession, nor to alter the character of their education to meet the changing pattern of health needs. When I speak of health needs I am including both treatment and preventive services.

At the present time, we are conscious of the ever-growing public interest in health and the increasing responsibility that governments are taking for the health and welfare of their citizens. This is a cause for great pride among the members of our profession — yet it is also a cause for deep concern. Can we measure up to the demands that are going to be made upon us?

In spite of the fact that hospital schools are graduating the biggest classes in their history, the actual shortage of nurses in institutions and in the public health fields remains about the same. In fact, a survey made by the Canadian Nurses' Association in 1947 showed that about 28 per cent more nurses were needed to staff existing services. This is practically the same shortage as was shown by a similar survey in 1946. Probably, at the present time, Can-

(*Falliday*)

RAE CHITTICK

ada needs about seven thousand more nurses to carry our existing services. It would seem that in the past two years we have accomplished nothing to alleviate the shortage of nursing personnel.

In spite of this lack of nurses, and other medical personnel as well, people are asking for more and better health services and governments are promising to provide them. On July 5, the British Government's great scheme of national health went into effect. It is to be ushered in with an estimated shortage of forty thousand nurses. In the United States, similar movements are on foot for the expansion of state and federal health programs, yet authorities estimate that that country is also short some forty thousand nurses. Here in Canada, the Federal Government has announced that large grants will be paid to the provinces to promote health services, yet as far as we can gather from press reports no money is especially earmarked to increase nursing services.

Nurses across Canada continue to view the situation with growing apprehension. Hospital authorities are becoming more and more anxious and the public is both demanding and uneasy. One hears the question asked on all sides, "What is being done to give us more nurses?"

When one studies the opinions of various authorities on how to meet the difficulty, one is struck by the similarity of the recommendations. In Great Britain, a very fine commission headed by a small working party did a thorough survey of the nursing problem in Great Britain. The report of their findings was released a few months ago and their recommendations were revolutionary in character. In the United States, the American Nurses' Association, aided by a generous grant from the Carnegie Corporation, has just completed a survey of nursing, but to date only preliminary reports have been released. These reports seem to indicate drastic changes in the education of nurses, and many of the recommendations are similar to those advanced by the British Working Party. In Canada no organized study or survey has been made. The Canadian Nurses' Association has felt keenly that such a study was extremely important, but had no financial resources to do the job. Appeals to the Federal Government and to private foundations did not meet with a favorable response, in spite of strong backing from the Canadian Hospital Council.

Canadian nurses feel that although many of our problems are similar to those in Great Britain and in the United States, there is a very definite need for Canada to investigate her *own* situation, since the nature of the country, population figures, and other characteristics, as well as the education of nurses, differ widely from both Great Britain and the United States.

Regardless of the fact that the ratio of nurses to available jobs seems about the same as it was two years ago, our professional organizations have done a great deal to ease the situation and to plan some long-term changes. Through the generosity of the Canadian Red Cross Society our Demonstration School in Windsor, Ont., opened in January. Here we hope to prove the advantage of a school of nursing organized and financed apart from the administration of the hospital. Perhaps, too, we can show that, under the right conditions, it does not take three years to acquire the basic course in nursing.

In Miss Johns's memorable address at the 1946 biennial meeting, she emphasized that nurses were tired "of pinch-hitting for internes, laboratory technicians, orderlies, ward aides, cleaners, and what have you!" She said that nurses were not tired of nursing but were tired of not being allowed to nurse. Through the activity of the Joint Committee of the Canadian Nurses' Association and the Canadian Hospital Council some improvements have been made in this respect. More use is being made of nursing aides, and a number of schools for training nursing aides established in various parts of Canada are turn-

ing out a creditable product. However, there is still a great dearth of auxiliary helpers.

At this point I should like to mention how helpful the Joint Committee of the Canadian Hospital Council and Canadian Nurses' Association has been in clearing grievances and promoting a warm and friendly feeling between these two closely related groups. This committee is unique. Other countries, particularly the United States, are just now trying to set up machinery to bridge the gap between the hospital administration group and the nursing profession.

There are two reasons for the lack of the assisting group in the hospitals. First, hospitals have not made a concentrated effort to find the people and to train them and, second, nurses themselves have not always been cordial to the idea. Nurses must face the fact that hospitals will have to be staffed with an almost staggering number of personnel of all specialized kinds. This is clearly brought out in the report of Dr. Esther Lucile Brown, who conducted a survey in the United States. The public needs to know that poor nursing is not so much the result of the *scarcity of nurses* as the *lack of other workers*.

Nurses are so hard pressed with routine and non-nursing tasks that the pleasure is being removed from the job of nursing; they are missing the joys of fine workmanship which come with the art of nursing. Our work is one of the few kinds of employment that cannot be put on an assembly-line basis. It maintains the dignity of craftmanship where one sees one's efforts reflected in one's work and one is free to exercise the best of oneself in one's own way. It is this pride of craftmanship that gives emotional satisfaction and produces the happiness of labor. When it is removed work becomes drudgery. Pride of craftmanship has been removed from the worker in the factory and keen observers believe it is the chief reason why the worker is constantly increasing his demands for material rewards in the form of shorter hours and higher wages. Perhaps an element of this attitude is creeping into nursing and accounts for the constant shifting of many nurses from one job to another.

In respect to salaries and hours of work a good deal has been accomplished in the past two years to bring about more satisfactory arrangements. One hears fewer complaints these days about long hours and inadequate salaries. Some of the credit for these improvements must go to our Joint Committee and to our provincial and national committees who have worked on personnel policies and who have set up standards for employers. There is still room for improvement. However, we find that where hospitals have improved salary schedules, hours of work, sick leave, and other benefits, there is a marked improvement in the stability of the nursing staff.

As one looks to the future to estimate where our best efforts must be spent, we are all convinced that reforms in nursing education must come first. As socialized medicine advances, and more and more emphasis is placed on the preventive aspects of medicine, we need to be more aware of what Miss Lulu Wolf, in her new book on nursing, calls *health* nursing as apart from *sick* nursing. We need to work for a co-ordination of nursing with all the community agencies engaged in promoting health and welfare. Perhaps, too, since it is unlikely that we can satisfy the public's demand for nursing service, we should develop something of the philosophy of social workers and do more to direct and teach people to help themselves.

There is a very definite need to link nursing education more closely with general education. We must broaden the nurse's horizon, give her a feeling for the broad field of the liberal arts, and develop in her an understanding of human behavior and human relationships. This type of education is beyond the scope of hospital schools — only the state has the power and the resources to do this. Hospitals have been sincere in their efforts and have gone as far as they can go.

With this great objective in mind, the improvement of nursing education, it would seem that we need some different type of organization to work on educational policies. Our National Office is much too busy to take on the job and the members of our Educational Policy Committee are busy people already engaged in full-time jobs. Perhaps we need to consider, as has been suggested by some of our members, the establishment of an educational bureau, or the appointment of a full-time worker in this field to assist the provinces in developing nursing education along these suggested lines. This, of course, means considerable expense. You must have it in mind when you consider our fees and our budget.

Again, we may feel that a highly qualified educational director is beyond the financial means of this comparatively small nursing association. This may be where we need government help. Members of the executive feel that if a nursing division, with a highly qualified director, were established in the Department of National Health and Welfare, such a division could be of tremendous help to the provinces in developing and co-ordinating nursing services.

If improvements in nursing education should have our first consideration, then our next efforts should be directed to public relations. It has been well said that the stories we see in the press are usually those dealing with the shortage of nurses and with nurses' demands for improved working conditions. Little is ever said about the many fine jobs nurses are doing, often at great personal sacrifice. This is largely our own fault. We are too reticent to release information, and too wary of telling our stories to the public in case they are misunderstood. If we are to achieve reforms in nursing education, it must come from public pressure and only a well-informed public is capable of creating this pressure. We must give serious consideration to the best methods of educating the public on nursing needs. We can learn from our neighbor to the south, for the American Nurses' Association has underway a very fine public relations programs.

Lastly, we must work harder as professional organizations to keep our members informed. Too often we lose ground because of misinformation, or no information in the minds of our members, and by the attitudes of criticism and skepticism engendered by this state of mind. It would seem that we must work for greater co-operation among our members, for a more enterprising spirit and a more tolerant outlook.

May I then, in summary, say that the following appear to be important objectives for our association:

1. Gradual re-organization of the education of nurses.
2. A national nursing survey to determine where emphasis should be placed in the recruitment, education, and employment of nurses.
3. A concerted drive by the public and by the organizations concerned (which includes our own association) for larger and more diverse assisting staffs in hospitals.
4. A continuing program to improve working conditions for nurses.
5. A division of nursing in the Department of National Health and Welfare to assist the provincial health departments and the provincial and national associations of nurses to give the best possible nursing service to Canada.
6. A well-organized and informative public relations program.

In conclusion, I should like to commend the sincere and faithful work of the members of National Office staff. Their untiring efforts and spirit of co-operation have been of the utmost assistance to your executive. In addition, I should like to say a word of thanks to the chairmen and members of committees, who, in spite of heavy personal duties, found time to do many extra jobs for our association. I should like to mention particularly the excellent work done by Miss Flanagan and her committee in revising our Constitution and By-laws and in carrying through so efficiently the procedures for incorporation of the Canadian Nurses' Association.

Finally, I would say that the pleasures of this office of president

far outweigh the work involved. Apart from the liberal education I have gained in nursing and human relations, I have enjoyed most stimulating friendships. For an absorbing and interesting two years, I heartily recommend to all of you the presidency of the Canadian Nurses' Association.

Official Greetings

During the convention, many letters and telegrams of good wishes and greeting were read by the general secretary. Among these were the following:

I should be pleased if you would, on my behalf, convey a word of greeting to all who may be present at the twenty-fourth general meeting of the Canadian Nurses' Association.

The work of the nurses of Canada, in the care of the sick and disabled, is of the greatest importance and of the highest value. In hospitals and in homes throughout the entire country, that work has been characterized by a spirit of humanity and self-sacrifice. It has earned for all those who have served, and are today serving, the heartfelt gratitude of every Canadian.

I send to all members of the Canadian Nurses' Association my best of wishes for the continued expansion of its noble service.—THE RIGHT HON. W. L. MACKENZIE KING, PRIME MINISTER OF CANADA.

As Executive Secretary of World Health Organization Interim Commission I wish Canadian Nurses' Association continuing success in your important work. Interim Commission has recommended to first World Assembly establishment of expert advisory committee and staff for study and advice on nursing.
—BROCK CHISHOLM.

On the occasion of the opening of the twenty-fourth general meeting of the Canadian Nurses' Association, I send my greetings and best wishes. I never forget that the Canadian nurse is the final link between the patients and all health services in Canada — municipal, provincial, and federal. The medical profession and those engaged in medical research and education depend with confidence on the advice of the Canadian Nurses' Association in the knowledge that they are closest to the public. Your support and counsel have already proved invaluable and will be welcomed in the future as in the past. The corner-stone for a fine new public health program for this Dominion has now been laid. In the years ahead will emerge a structure we can be proud of. I look to the nurses of Canada to help us build truly and well. — THE HON. PAUL MARTIN, MINISTER OF NATIONAL HEALTH AND WELFARE.

On behalf of the Canadian Medical Association I wish to extend best wishes to Canadian Nurses' Association in session in Sackville. May the highest success attend your efforts in the splendid work you are doing.— F. G. MCGUINNESS, IMMEDIATE PAST PRESIDENT.

National Council of Women sends cordial greetings and best wishes for successful convention. We realize that health of Canadian people is of primary importance and recognize the vital relation of the nursing profession to national health program. We wholeheartedly endorse your constructive plans for future and wish you success.—BLANCHE MARSHALL, PRESIDENT.

The Canadian Welfare Council sends greetings and best wishes to the Canadian Nurses' Association. Both of our organizations are concerned with better provisions for the health of the Canadian people and must feel satisfaction in the new upsurge of interest which has found expression in the recently announced Federal Health Grants and in a number of important developments at the provincial level, notably in western Canada.

As these new plans take shape and others are formulated it is essential that our two national bodies maintain close contact with each other. Our Council in its work of planning and promotion needs to draw upon the technical knowledge of health needs and services which is the possession of your members; and, similarly, your association will undoubtedly benefit through an intimate relationship with the Canadian Welfare Council which endeavors to facilitate voluntary co-operation among public and private agencies in the health and welfare field.

Nurses and social workers have each their

own distinctive area of competence but they are united in their concern to make health a greater reality in the life of the Canadian people. As we advance resolutely toward this goal, organized nursing and organized social work, along with public departments of health and welfare and interested citizen groups, are under the necessity of marching together.—R. E. G. DAVIS, EXECUTIVE DIRECTOR.

Will you give to your members my grateful thanks for a beautiful and profitable time? I met here no strangers but only friends — friends who have made me feel completely at home.

The workshops and their obvious success interest me enormously. The greatest needs today in our professional organizations are a greater sense of personal responsibility on the part of each of us, and an opportunity to participate actively in forming opinion that leads to sound action. The workshops offer these things and I congratulate you heartily for inaugurating this progressive and democratic procedure. I have much to carry back to my own association.

My warm good wishes to everyone here. I've liked every nurse I've met. My good wishes to the Canadian Nurses' Association and to its incoming as well as to its retiring officers.—

JANET M. GEISTER,
FIRST VICE-PRESIDENT,
AMERICAN NURSES' ASSOCIATION.

In the Good Old Days

(*The Canadian Nurse*, September, 1908)

The featured article this month was entitled "Should Nurses-in-training be Paid?" The author suggested a sum of ten dollars per month. She put up quite a strong case for this. Those in favor of non-payment contended "that it shuts out an undesirable class of women; that the providing of uniforms, books, etc., more than makes up for the lack of payment; and that nursing is thus raised from a commercial to an educational standpoint." The author proceeds to shoot holes in these arguments.

"No two things differ more than hurry and dispatch. Hurry is the mark of a weak mind, dispatch of a strong one. A weak man in an office is like a squirrel in a cage — is laboring eternally, but to no purpose; like a turnstile, he is in everybody's way, but stops nobody; he talks a great deal, but says very little; looks into everything, but sees nothing, and has a hundred irons in the fire, but very few of them are hot, and with the few that are he burns his fingers."

"Many nurses learn while in training all about their duty to the physician and the patient, but very little about their duty to the public and to the nursing profession at large, and when they go out to practise their chief aim becomes the search for agreeable cases. They are utterly disdainful of the country, where most of them lived most of their lives."

"Early in a nurse's career she needs to be taught that there is nothing that concerns the comfort of a patient that is small enough for her to be careless about it."

"The nurses of New Zealand have founded a nursing journal of their own, and called it by the native name, *Kai Tiaki*, which means 'Guardian of the Helpless.' "

"To Montreal and Hamilton belong the honor of appointing the first school nurses in Canada. Two school nurses in Montreal and one in Hamilton began work on January 1st, 1908. In December, 1907, the Montreal City Council voted the sum of $1,500 to pay the salaries of two school nurses, who were then duly appointed, one of them being Miss Sexton, a V.O. nurse, and the other a graduate of the Montreal Isolation Hospital." Miss E. J. Deyman was the first school nurse in Hamilton. Miss Deyman was "re-appointed for the year 1908-9 . . at the salary of $600."

The sublime and the ridiculous are often so nearly related that it is difficult to class them separately. One step above the sublime make the ridiculous and one step above the ridiculous makes the sublime again. — THOMAS PAINE

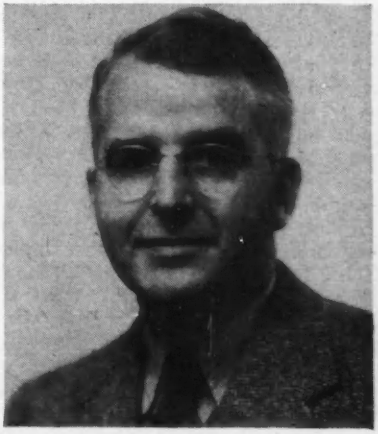
The Ram's Horn

EARL P. SCARLETT, M.B., F.R.C.P.

I APPRECIATE very deeply the honor of being invited to deliver this, the second Mary Agnes Snively Memorial Lecture. I also feel keenly the responsibility of fulfilling adequately a task initiated by Mr. Bernard Sandwell who has been for so long the brilliant and penetrating interpreter of the Canadian scene. But I am heartened because the occasion gives me an opportunity on behalf of my medical colleagues to pay tribute to your profession and to the founder of this association which has grown in usefulness and extent beyond the most ardent expectations that Miss Snively can have formed. I am further happy to have a share in this commemoration of one whose name has a high place in the history and traditions of my own Alma Mater.

An occasion of this sort helps to strengthen tradition in Canada and to deepen the roots from which our slowly emerging national culture must draw its emotional power. If not quite oblivious to excellence, we as Canadians take too little account of our achievements and of our distinguished citizens. We have not yet made vital the deep remembrance of things past. For great traditions — and we have them in Canada — are maintained by individuals like ourselves who carry with us into the daily round the memories and values of the past, transmute them into new excellence and on occasion honor those memories and associations. This nourishing of tradition is the more important in Canada for, in vital legend and racial memory, most of this country is still virginal. As Rupert Brooke reminded us some years ago, there are few ghosts in Canadian lanes and in the houses of Canadian cities and towns. So that in commemorating the events and individuals of the past we are strengthening the texture of contemporary Canadian life. That fact alone I hope should strip this occasion of idle ceremony or stuffy formality.

I never had the privilege of knowing Miss Snively. But I can imagine her quizzical smile as, with something less than innocence, I ask the question—Who can ever really know the superintendent of a nurses' training school? Such a person in her position of lonely eminence is really known only to a small circle of intimates. From all I can gather she was among the last of the great Victorian breed whose commanding virtues were faith, moral passion, a sense of discipline, and a capacity for work. It is significant that her watchword throughout life was a verse from the forty-fifth chapter of Isaiah: "I will go before thee, and make the rugged places plain; I will break in pieces the doors of brass and cut in sunder the bars of iron." A most appropriate motto not without its overtones of grim humor for one whose business it was to wrestle with stiff-necked social and medical conservatism and the heart-breaks of hospital administration. Of course such stoical virtues must at times have been a bit fearful and tiresome, and I have no doubt that some of her student nurses called her "the dreadnought." One of her old pupils, who is a gracious figure in in one of our western cities, tells me that when a nurse complained to Miss



DR. E. P. SCARLETT

Snively in the morning that she was too ill to go on duty, she invariably received the uncompromising reply, "What you need is a long walk in the open air!"

However unbending she may have been, the fact is that Miss Snively's life of eighty-six years was one of solemn and (of necessity) solitary self-dedication. Like so many of her contemporaries, she applied religious idealism and tradition to the social situation, and there resulted reforms which burnt like fire throughout the fabric of what was in many ways a hard age. She brought to full flower the nursing revolution in this country, and today every nurse in Canada who walks the corridors of our hospitals is the clear-eyed and gracious product of that revolution. At the same time the whole world of medicine has benefitted infinitely, for the presence of woman in the person of the nurse has helped to humanize medicine in all its departments. In saying that, it is evident that I am not one of those who regards medicine as man's domain. In that particular I cannot go along with Sir Almoth Wright, one of our recent medical great, who scorned and ignored women in medicine. He testily declared to his associates in the laboratory: "Ugly women annoy me; and pretty women trouble me." And again: "The most fabulous statement in the New Testament is that there were ten virgins and five of them were wise." I am quite sure that a woman such as Miss Snively, whose determined, rather melancholy face looks out at us from the painted portrait, would have confounded such a man as Sir Almoth or at least forced some reluctant concessions from his brusque and sovereign masculinity.

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I confess I have found it a little difficult to know what to say to you today. At least I determined that there should be no tiresome or tremulous platitudes. To nurses who know more than most, the difficulties and dangers of being alive and are acquainted with that "foretaste and small change of death — pain," idle moralizing is or should be an impertinence. Then, too, this is no time to play with counters rather than with realities. The world about us is in much too perilous a state to be ignored without seeming to be guilty of intellectual or spiritual cowardice. So in the spirit of the one whom we are commemorating I resolved that I would offer you a few general reflections together with some affirmations for living which I have honestly found of value as solvents of cynicism and despair. Thus our time together will be less a session of tea in the nurses' quarters than a full but I hope not exhausting round on the wards.

I do not need to detail for you the spectacle of the world as it exists at the moment. Tremendous changes and the devastating effect of two wars have dealt our civilization terrible wounds. Every conceivable kind of evil seems to have been loosed upon us. We, probably as no other generation, have been forced to look upon the awful head of Medusa. It may even be, as we are told on all sides, that the established forms of Western life, Christianity, humanism, and capitalism are in an advanced stage of dissolution. Certainly as one looks back over the last thirty years it is hard to resist the conclusion that, at times, man has been guilty of cosmic impiety. Broadly speaking, it would seem that the most obvious symptom of the disease of our civilization, at the moment, is the widespread feeling that man has somehow lost all control of his destinies. In the face of these circumstances, it is hard for even the most stouthearted to resist at times a feeling of frustration and despair. But resist we must the sense of self-pity as we confront the dark and melancholy present. Nothing will be gained by gathering at the Wailing Wall.

Meanwhile, troubled people everywhere are hungry for affirmations, for munitions of fortitude, and for a faith to live by. They crave liberating words or examples to roll away the stone from their hearts.

Such is the world as we see it. What, then, is to be our attitude? I can only, in all humility, give you one individual's answer. Let me confess that I

am tired of apocalyptic gloom. I would assert instead the abiding human values of common sense, of simple joys, of work well done, of goodness and generosity. I am sick of being told that this is the century of the common man and that, given the right economic and social formulae, all will come right. Experience has surely taught us that it is the *uncommon* people — those with more character, more thought, more imagination, and more understanding — that really guide the world. An age with such deep desires, which is capable of such fine achievements as ours, cannot permanently forget the finer allegiances and higher values. We must constantly remind ourselves that life goes on as it has always done from crisis to crisis and that just now some instinct is leading man in the direction of a new order of society. That order, whatever it may eventually be, can only be attained by asserting and acting upon the faith that there is a "way out" and that it can be found by ordinary men if they are the right sort of individuals. We must, as men and women, again affirm the moral imperatives of our existence.

In the last analysis it is the individual that matters. No system can save the situation if individuals are devoid of pity, poisoned with hatred, or incompetent and lazy. Unity cannot be commanded or achieved by political compulsion or economic regimentation.

I would remind you that a man from our own medical ranks, Dr. Albert Schweitzer, now over seventy years of age and still providing medical treatment to the inhabitants of French Equatorial Africa, has by his teaching and example provided an answer which should bring hope and courage to those who despair of the present state of the world. Civilization, he says, being the work of men, must look for its improvement in the individual mind and heart. His rule for action he asserts as *reverence for life*, and because we as humans must live at the expense of other life, we thereby owe a debt to life which we must repay by seeing that other lives get positive help from us whenever such help is in our power. That, you may say, is too simple a formula for our complex life. But simple things go deepest. Schweitzer replies that such an attitude *is* civilization: the only progress in this world is growth in charity. In so far as men can emulate Schweitzer we shall master our present great ordeal, for (to use Chesterton's words of another great person) he is strong with deep roots where all our modern stoics are only stiff with despair.

Our concern then is with the individual. And here a few simple ends may be stated, easy to set down, hard to attain. First, *work* which "shall serve, directly or indirectly, some recognizable human need." Then a *sense of loyalty* to one's kind, to oneself, and to the ship's company in which you are making your life's pilgrimage. Add to these a *sense of personal responsibility* and an *appreciation of beauty* whether in nature or in the arts, and you have the answer to the pessimism which is raising its head in modern philosophies of nihilism and utter materialism.

But, you say, what of faith? That, it seems to me, can only come by an initial decision followed by continued determination. Dean Inge, who has so often stated in modern terms the old eternal truths, put it in this way. Faith is the "resolution to stand or fall by the noblest hypothesis"; it is "an experiment that ends as an experience," "a dedication of the intellect as well as the will to the pursuit of all that is true and good." I should also like to remind you of the testimony of Sir Clifford Allbutt, one of the great masters of modern medicine, who died not so long ago. In one of his last addresses he used these words which, though not so wise as the last dialogue of Socrates, are worthy to stand in that company. They were spoken by a great man "with eternity looking over his shoulder":

> And now, my younger friends, let an old man leave this message with each of you. There are times in the lives of all of us when the flame of the spirit burns low; we are out of heart; we hardly know what to believe; the evil in the world dejects us, or, which is worst of all, we drift into indifference; the lamp drops from our hands; and, if we watch ourselves as we ought

to do, we find we are losing the finer edge of our kindliness, our truthfulness, our purity. In these cold and arid seasons the message is, *keep right on in a steady faithfulness, hoping all things,* and in a little while, a few weeks it may be, or in days, perhaps even in a few hours, a light, a sudden light, as of the presence of God, will shine again within you, and once more you will return into that peace which passes all understanding.

Faith need not be in conventional terms. There are many roads to the shining City of God—

The city is known by many names and wears different aspects to different hearts. But once attained through struggle and misadventure and pain, it stands there in peace and glory, the one true and real thing in mortal time and in whatever lies beyond. (A. C. BENSON)

While we are still thinking of the individual, may I venture one more observation. In all literature there are no words which have affected me so profoundly as those of Aristotle: "So far as possible to live as an immortal, and omit no effort to live in accordance with the best that is in us." Whatever he may believe about another world, a man must live in this world as if he were an immortal. Here, in clear terms, is asserted the eternity of things as the basis of the temporal. It is a motto which has directed the spirit of all great men and women, and it magnificently asserts the inherent decency and dignity of man.

In what I have said so far, I hope that you will not accuse me of tedious moralizing. It is not my purpose to stretch your pia mater or mine with matters of high destiny. But to you and me these are questions of the utmost importance, and *I do not think it possible to exaggerate their value.* During the recent war this continent — Canada and the United States — came to be thought of as the arsenal of democracy. It has now become the arsenal for so much more — the centre of the world's hopes, the instrument of its decent aspirations, the repository of the arts, and the finest creations of man's spirit. It is at this moment our duty and our destiny to play a critical part in the world's history.

* * *

So far we have been dealing with large categories which is apt to be a fatiguing business. I propose now to glance at a more cheerful and intimate aspect of human life. We have been talking about the individual confronting a chaotic world. I now want to say something about one means by which that individual's spirit may be strengthened and sustained—books. In this country it is high time that we forgot our embarrassment in the presence of truth and beauty. With too many people nowadays, the fear of literacy has taken the place which in past times was occupied by the fear of God. Too many of our people are unnaturalized citizens in the great world of the classics, and are seemingly even ashamed of being transients there. It cannot be repeated too often that man's spirit is sustained by the inspiration and values from these sources, values which lie beyond any wounds that his body may bear. In the world of books — and by books I am thinking of literature — you are not subject to the accidents of mortality but have allies beyond time. Books are the records of experience beyond the confusion of politics and the material things of this world. At times during his long pilgrimage the spirit of man has been able to fix a given moment or mood of life in memorable expression. We know it as a great book and for succeeding generations it forever shines through the darkness "with the steady radiance of an altar lamp." So I say to you, to fortify your minds and to see time and eternity in their true dimensions, put your trust in the larger vision of the poets and the prophets.

There is a more immediate and impelling reason why books are so important to us at this time. For the past fifty years scientific materialism, which the world to its great hurt has accepted as a guide, has gradually choked the humanities and the arts. If we are to restore our culture and once again tap the springs from which we draw moral force, it is essential that what have been

called the pipe-lines to the stores of culture and religion shall be reopened. This means restoring and once again exploring all the great books of the past — a task that education is already engaged upon. For beyond the wind and the earthquake and the fire, it is imperative that man for his salvation hear the still small voice.

But you say, how does all this concern me? I think that it concerns all of us in this way. We are average persons, but even the most average person is not average all the time. All of us have moments when we possess a desire for distinction, when we are sensitive to excellence; brief moments it may be of golden intuition when we can see to the flaming ramparts of the world and beyond. To renew and increase those moments, books are a sovereign prescription. And another thing, the reaching for that best which lies within the pages of a great book or a great poem deposits as it were a grain of iron in the mind which in later seasons gives us strength.

I am sure that at some time or other most people realize this. There is a strong desire in most to find some sort of philosophy with which to face life. In many people as I see them in consulting room and hospital, life is extending wistful hands to lost youth. They feel vaguely — as do we all, I imagine — that in these days we stand in danger of having our imaginative and emotional lives starved. The fear is inarticulate and it expresses itself in all sorts of ways — from swing music to theosophy and from the lurid film to a morbid interest in psychiatry. Literature offers one way of real escape, not away from the world, but into a fuller understanding and enrichment of life.

Do not imagine from all that I have said that I place any unique or surpassing value on books as such. I trust that I am no myopic or grubby bookworm. There is no more virtue in having read twenty books than in having plowed twenty furrows. The emphasis lies elsewhere. It is a matter of keeping open our communications with the infinite where dwell whatsoever things are true, honorable, just, lovely, pure, and of good report.

* * *

And now I must ask your pardon for introducing a personal note. When I was a small lad of sufficient stature to look over the contents of the top of a table, I occasionally used to wander into my father's study and scrutinize the untidy mass of papers on his desk. I suppose it was the cover of a theological journal, garbed in shameless modern pictorial dress, that caught my eye. In any event, there was represented a huge ram's horn in bright color. Untroubled by any thought of Joshua or the towering walls of Jericho, the thing fascinated me. As time went on and I transferred my interest from my parent's desk to his bookshelves, I found that in my imagination any memorable passage in my reading became for me a blast from the Ram's Horn. Gradually in this way the horn became a symbolic figure, and so it has remained to the present day. As I look back I am relieved to find that it was not a penny whistle which thus first caught my virgin fancy, nor even a polite shepherd's flute. It was a horn — and it takes a horn to sound a full-blooded complement to life.

In earlier years the horn was always blowing and if it blows less frequently today, I suspect that it is because with my contemporaries I am, like the Athenians, too prone to "run about to tell, or to hear some new thing." May I for a few moments share with you the pleasure of recapturing some of the echoes of the horn.

I think that I first came to recognize the horn in the pages of *The British Weekly* in the section known as *The Letters of Claudius Clear* written by the editor, that grand and prodigious bookman, Sir William Robertson Nicoll. It was of Nicoll that Sir James Barrie wrote: "He was so fond of books that I am sure he never saw a lonely one without wanting to pat it and give it sixpence." I continued to read for sheer pleasure and for what I can only describe as the spell it cast upon me. In that I believe that I was on the right track. Read for pleasure, not for instruction or moral uplift. It was in that spirit that

when Lowell, during what proved to be his final illness, was asked by somebody how he was, he looked up from the book he had been reading and answered: "I don't know and I don't care. I'm reading *Rob Roy*."

And what a myriad of haunting notes I have heard from the horn! Let me recall a few:

Child Rowland to the dark tower came.

(SHAKESPEARE: *King Lear*)

In Xanadu did Kubla Khan
A stately pleasure-dome decree:
Where Alph, the sacred river ran
Through caverns measureless to man
Down to a sunless sea.

(COLERIDGE: *Kubla Khan*)

Sunt lacrimae rerum, et mentem mortalia tangunt.

(VIRGIL: *The Aeneid*)

The most poignant line I think in the literature of the world:

I am dying, Egypt, dying.

(SHAKESPEARE: *Antony and Cleopatra*)

But at my back I always hear
Time's wingèd chariot hurrying near;
And yonder all about us lie
Deserts of vast eternity.

(MARVELL: *To His Coy Mistress*)

Life, like a dome of many-colored glass,
Stains the white radiance of Eternity,
Until Death tramples it to fragments.

(SHELLEY: *Adonais*)

For old unhappy far-off things
And battles long ago.

(WORDSWORTH: *The Solitary Reaper*)

I stalk about her door,
Like a strange soul upon the Stygian banks
Staying for waftage.

(SHAKESPEARE: *Troilus and Cressida*)

. . . Because man goeth to his long home, and the mourners go about the streets;
Or ever the silver cord be loosed, or the golden bowl be broken at the fountain, or the wheel broken at the cistern.

(ECCLESIASTES)

And finally that great trumpet blast in Wordsworth's *Lines Composed a Few Miles Above Tintern Abbey:*

And I have felt
A presence that disturbs me with the joy
Of elevated thoughts; a sense sublime
Of something far more deeply interfused,
Whose dwelling is the light of setting suns,
And the round ocean, and the living air,
And the blue sky, and in the mind of man:
A motion and a spirit, that impels
All thinking things, all objects of all thought,
And rolls through all things.

This is the age of science, but when it comes to expressing the sweep of life or any of its larger dimensions, only poetry or religion can do the job. As an example, some years ago Dr. Charles Richet, the celebrated physiologist, wrote a book, *The Impotence of Man* (*L'Homme Impuissant*), in which he ruthlessly piled up in page after page, the follies of man and his real helpless-

ness in the universe. But if the impotence of man is to be proclaimed, it must be in other accents:

> Tomorrow, and tomorrow, and tomorrow,
> Creeps in this petty pace from day to day
> To the last syllable of recorded time,
> And all our yesterdays have lighted fools
> The way to dusty death.
>
> (SHAKESPEARE: *Macbeth*)

And Claudio speaks on the same theme:

> Ay, but to die, and go we know not where;
> To lie in cold obstruction and to rot;
> This sensible warm motion to become
> A kneaded clod; and the delighted spirit
> To bathe in fiery floods, or to reside
> In thrilling region of thick-ribbed ice;
> To be imprisoned in the viewless winds,
> And blown with restless violence round about
> The pendent world . . .
>
> (SHAKESPEARE: *Measure for Measure*)

And Job laments:

> Man that is born of a woman
> Is of few days and full of trouble;
> He cometh forth like a flower, and is cut down,
> He fleeth also as a shadow and continueth not.

Laplace made great astronomical discoveries but it was David, or whoever wrote the Nineteenth Psalm, who really compassed the heavens for man:

> The heavens declare the glory of God; and the firmament sheweth his handywork. Day unto day uttereth speech, and night unto night sheweth knowledge. There is no speech nor language where their voice is not heard. Their line is gone out through all the earth, and their words to the end of the world. In them hath he set a tabernacle for the sun.

I don't imagine that William Blake knew much formal anatomy or very much about animals. But if you really want to feel the fierce splendor of the tiger read the sonorous lines:

> Tiger, tiger burning bright
> In the forests of the night.

We all remember what battles of social reform were fought to better the lot of the chimney-sweepers in Victorian England. Notice how Shakespeare takes this humble commonplace word "chimney-sweepers" and magically transmutes it into high truth:

> Golden lads and girls all must,
> As chimney-sweepers, come to dust.

As I look back, books became the avenue of time along which the great and the humble rubbed shoulders with the almost equally vivid characters of fiction. Milton, who for all his swelling lines, I like to remember for his gorgeous phrases such as "sons of Belial flown with insolence and wine." Sir Thomas Browne comes to us in the *Religio*. He also coined a phrase which I reserve for particularly wicked people — "villein and secretary of hell!" There is Jeremy Taylor, the most eloquent of divines, who wrote to his friend, John Evelyn, in simple accents of pathos:

> Dear Sir — I am in some disorder by reason of the death of a little child of mine. A

boy that lately made me very glad, but now he rejoices in his little robe, while we sigh, and think, and long to be as safe as he is . . .

Locker-Lampson once called Keats "the young Marcellus of our tongue," and it is one of the happiest descriptions of the poet that we have. If you know his poetry you will find his *Letters* equally satisfying. They are among the finest in our language. Keats who, you will remember, qualified as a physician was a good clinical observer as well as a poet when he wrote of sleep as being —

Full of sweet dreams, and health and quiet breathing. (*Endymion*)

To be included in any company of this sort is Charles Lamb — "Saint Charles," E. V. Lucas dubbed him — who was "in love with this green earth, the face of town and country, the unspeakable rural solitudes and the sweet security of streets." Wordsworth, who was one of Lamb's circle of friends, stands with Shakespeare as the best reading for times of crisis.

There must surely be in this audience many *Janeites*, sealed with the love of Jane Austen and her incomparable books. For them I cannot resist quoting the exquisite tribute of Lord David Cecil:

If I were in doubt as to the wisdom of one of my actions I should not consult Flaubert or Dostoievsky. The opinion of Balzac or Dickens would carry little weight with me: were Stendhal to rebuke me, it would only convince me that I had done right: even in the judgment of Tolstoy I should not put complete confidence. But I should be seriously upset, I should worry for weeks and weeks, if I incurred the disapproval of Jane Austen.

Miss Austen, by contrast, reminds us of the Brontës — Charlotte and Emily — whose publication centenary we recently celebrated. Womanhood has never spoken in finer accents than in Emily's poems with their passion for spiritual freedom. And do you recall the passage which brings the stormy *Wuthering Heights* to a close, surely one of the perfect things in our literature—

I lingered round them, under that benign sky; watched the moths fluttering among the heath and harebells, listened to the soft wind breathing through the grass, and wondered how anyone could ever imagine unquiet slumbers for the sleepers in that quiet earth.

We must not forget Robert Louis Stevenson who suffered so much at the hands of doctors and still paid such gracious tributes to physicians and nurses. Writing to George Meredith from Samoa, he said, "I was made for a contest, and the Powers have so willed that my battlefield should be this dingy, inglorious one of the bed and the physic bottle. At least I have not failed, but I would have preferred a place of trumpetings and the open air over my head." No one has ever written so poignantly of the nostalgia for the home-places as Stevenson. In a letter to Barrie, speaking of Scotland, he says, "My imagination continually inhabits that cold old huddle of grey hills from which we come." And it was Scotland that he was thinking of when he wrote:

Blows the wind today, and the sun and the rain are flying,
Blows the wind on the moors today and now,
Where about the graves of the martyrs the whaups are crying,
My heart remembers how!

R.L.S. somehow reminds me of a fact about life that it is given to nurses to understand as to few others: the essential loneliness of man — alone at birth, in the great decisions of his life, and at death. Each man is an island universe in the cosmos with stars forming above him and the tides of joy and sorrow in ebb and flow about him. It is I should say the beginning of wisdom to know that — the central loneliness of the human heart. It is also the privilege of nurses to understand another truth about life closely allied to this first: the tragic side of human existence — "the tears of things." I always

think that the thin line of black on the graduate nurse's cap is there to remind us that she presides over happiness and suffering, love and hate, saintliness and barbarism which make up the mystery of life. It is here that the great writers have seen most clearly. If I were asked to represent Shakespeare by one sentence, it would be Edgar's short speech in *King Lear:*

> Men must endure
> Their going hence, even as their coming hither:
> Ripeness is all.

That is one of those haunting utterances of Shakespeare which gather up within themselves the whole of human experience.

Living man has been in this world a long time, and you and I are not so very different from Abraham when he sat in the door of his tent with the dust in his face. The burden of this pilgrimage has been best interpreted by the great writers. They have revealed and resolved so much of this chaotic world. And for you and me they refresh the inner eye and enable us to transfigure the everyday scene by a touch of the eternal. In the confusion of the present day that continually oppresses all of us we should keep reminding ourselves of the words of Francis Thompson, that "derelict darling of the gods":

> The angels keep their ancient places:—
> Turn but a stone, and start a wing!
> 'Tis ye, 'tis your estrangèd faces,
> That miss the many-splendored thing.
>
> (*In No Strange Land*)

So many other notes of the horn come crowding in, but I have not time to speak of them — Thomas Hardy of the novels and the equally great lyrics; Dr. Johnson and Boswell, those two immortal citizens of London-town; Thoreau whose wisdom as a corrective to the trends of modern life is daily becoming more appreciated; Amiel and his incomparable *Journal.* And then, there are the contemporary notes from the horn — the writers of Ireland, that magic island where the impossible always happens, the inevitable never; de la Mare, rarest of living poets; George Bernard Shaw who so bestrides our time that posterity may yet call it the age of Shaw; Kenneth Grahame whose masterpiece *The Wind in the Willows* is the most beloved book in our household; our own physician, Conan Doyle, whose Sherlock Holmes and Dr. Watson are the central figures of the only authentic legend that has been created in modern times; and finally a book by W. Macneile Dixon, *The Human Situation,* which surveys the modern world and is one of the great works of the present century.

* * *

It will be apparent by this time that under the guise of a small boy's fancy and a mythical horn I have made you reluctantly listen to a bewildering array of talk. I ask your pardon and leave with you a parting comment and a final salute. The comment — all that I have said about books is contained in Dr. Johnson's remark: "A book, sir, should help us either to enjoy life or to endure it." And the salute — you will recall the noblest valedictory in literature, John Bunyan's account of the death of Mr. Valiant-for-Truth—

> So he passed over, and all the trumpets sounded for him on the other side.

I think that most of us could die happily if we thought that on the other side the trumpets' sounding would be a gathering-up into great strains of all the beauty and truth and human kindliness which came to us in single phrases and echoes at long intervals during our life in this world.

The Nurse Seeks the University

ETHEL JOHNS

THE first formal affiliation between a college and a school of nursing was established in Scotland fifty-five years ago when young women wishing to obtain training in the Royal Infirmary, Glasgow, were required to take preliminary instruction in the sciences in St. Mungo's Medical College. The redoutable matron of the Infirmary, Mrs. Rebecca Strong, who was responsible for this revolutionary procedure, lived to be a hundred years old, and so had plenty of time and took great pleasure in watching its effect on nursing education at home and abroad.

On this side of the Atlantic, the first steps toward university affiliation were taken when Isabel Hampton and Adelaide Nutting persuaded the authorities of Teachers College, Columbia University, to co-operate in an attempt to improve the education of nurses. It so happens that I have recently had an opportunity of studying the early professional career of these remarkable women. Both of them were Canadians. Isabel Hampton trained at Bellevue Hospital and, while still a very young woman, became the first superintendent of nurses and principal of the school of nursing at the Johns Hopkins Hospital. Adelaide Nutting was a member of the first class of students to enter that school and, when Miss Hampton resigned in 1894, succeeded her as its head. In 1899, they took the lead in organizing the course for nurses in Teachers College and it is interesting to trace the motives which impelled them to embark on this new venture.

There can be no doubt that the strong emphasis on educational values which prevailed, in the Johns Hopkins Medical School and in the Hospital, made a profound impression on both of them. Those were the heroic days of medicine. Osler, Welch, Kelly, and Halsted were names to conjure with. To work with such men, in the operating-room and in the wards, to listen to the clinical instruction given to medical students at the bedside, was a liberal education. It is not surprising that these women developed a broad conception of what nursing is and might become.

Although theoretical instruction was much better organized at Hopkins than in most schools of the period, the student nurses were trained by the apprenticeship method and learned by doing. Miss Hampton and Miss Nutting never doubted for a moment that this method had its merits, especially when it was carried on in an environment which gave it meaning and urgency. But the hospital services expanded so rapidly that there were not sufficient head nurses to go round and, before long, apprentices were no longer learning from master craftsmen — they were being taught by fellow-apprentices who knew little more than they did. Isabel Hampton and Adelaide Nutting made up their minds that somehow, somewhere, other and better means must be found to teach nurses to teach nursing. It was then that they turned to the university.

At the outset, the new project in Columbia developed very slowly, chiefly because the money to keep it going had to be collected, dollar by dollar, from nurses themselves. This is, of course, the classical method of financing nursing education! During the first few years not many students presented themselves but among them was Isabel Maitland Stewart, a graduate of the School of Nursing of the Winnipeg General Hospital, who was destined to become an outstanding leader in the new movement. Some of the students, myself among them, were trying to put in the foundations after the house was built. Most of us already held minor administrative or teaching posts for which we had had very meagre preparation. We were willing to accept any sort of status as stu-

dents and sometimes received no academic credit whatsoever. I well remember sitting happily in a biology laboratory, laboriously dissecting a frog, and hearing a young thing from the department of physical education say, as she passed the door, "My dear, who *are* those old crones?" But gibes of this sort did not trouble us at all. We serenely went on dissecting our frogs secure in the knowledge that we were getting what we wanted. We had sought and found our university.

A few of this happy band of pilgrims were later to be associated with a further adventure in university relationships. As early as 1909, the first school of nursing to become an integral part of a university was set up in the University of Minnesota. In the succeeding years, in the United States and in Canada, universities and hospitals established combined academic and professional courses, covering five years and leading to a college degree and a professional diploma. Here was an attempt to include in one unified, educational scheme, two years of academic work, two years of professional training in the hospital, followed by a fifth year of preparation in such special branches as public health, or teaching and supervision in schools of nursing.

Miss Nutting has this to say about these early efforts:

> Surveying various conditions under which schools of nursing are working in their relationship with universities, their unquestioning acceptance of almost any sort of status, one is led to believe that somehow this matter seems of little moment provided nurses can get to the knowledge they need. There is no mistaking the intellectual hunger which is leading nurses the world over to build under, into and around, their work, that knowledge which is fundamental to its well doing, to its life and to its growth.

I can testify from personal experience as the director of one of these early enterprises that we did, indeed, display a pitiable willingness to accept any sort of status, either in Applied Science, in Arts, in Education, or in Public Health. But when we put down our roots we were difficult to dislodge. Some heads of departments were more terrifying than others — chemistry and physics especially. But after a time we found them no more difficult to placate and to persuade than their medical counterparts. Such is the innocent guile of the nurse.

Certainly our university students came up the hard way. In the hospital, they were marked women and the slightest infringement of regulations was punished as though it had been a violation of the decalogue. Worst of all, they were held aloof by the hospital student nurses and were regarded as giving themselves insufferable airs. In the university, they were singled out for scorn and rebuke unless they displayed superior intelligence on all and every occasion. But there was a stubborn loyalty among these harried little groups. They carried the weight of the whole enterprise on their young shoulders and they saved the day.

So much for the past. Now let us see where we stand. There are now, in the United States and Canada, a few university schools of nursing which are on a par with other professional schools and operate under an independent and sound administrative scheme. They possess endowments or other secure means of financial support as well as the necessary clinical facilities, school buildings, and teaching equipment. Then there are a relatively large number of schools, connected with university hospitals, in which the educational program is directed by the university. The largest group of all shows a variety of affiliations, some of which are reasonably satisfactory, while others suggest ill-defined and somewhat confused relationships. On the whole, I think Mrs. Rebecca Strong would be pleased with us.

Tremendous strides have been made in providing special courses for nurses wishing to qualify themselves for public health nursing. The pioneer leaders were quick to realize, at the very beginning, that here was a demand which the universities could

neither ignore nor refuse to fulfil. The public demand for such service, already vocal at the turn of the century, has become steadily more insistent through the years. Today, the provision of public health nursing services has become a matter of government policy, and it is proposed that the preparation of the personnel should be underwritten. But where are these women to be trained? Nurses, once more, must seek the university.

The university has already given much to nursing. Have we any right to ask for more? This is the question which forces an examination of our own position. Why has it been difficult for nurses to attain professional status in the university and throughout the community at large? Perhaps it is because the ancillary concept of nursing dies hard. Traditionally, nursing is looked upon, not as an entity in itself but as the handmaiden of medicine. Orators at graduation exercises still speak of us as "the outstretched hands of the physician." I well remember the first time I ever heard this poetic flight of fancy. I had been on duty all night in a ward with twenty-five sick patients. We all came through alive and it had not been necessary to trouble the slumbers of even a solitary intern, let alone an attending physician. It seemed to me then, as it seems to me now, that the hands and the feet and the backbone — yes, and the heart and the brain of a nurse, are her own and are not the extension of any other personality whatsoever. In support of this rash statement, I will quote from a high medical authority. Dr. William Welch of the Johns Hopkins University Medical School was one of the greatest medical teachers of our time. This is what he had to say as far back as 1916:

> I have been especially sympathetic with the effort to make trained nursing what it certainly should be — a real profession for women in all that goes to make up the meaning of the term. I am sure that it is important for the doctor to realize that there are things which the trained nurse knows better, and he should recognize that the nurse is an expert in a profession which, while intertwined with that of medicine, is distinct from it. It is not to be thought of as simply subvervient to the practice of the profession of medicine. It stands by its side.

Please do not misunderstand me. No true nurse dares to question the superior knowledge and higher competence of the physician. Obviously, we are and should be ancillary to him in most of his functions. There can be no divided command in an operating-room. The fields of diagnosis and therapeutics belong to him, and we do not seek to invade either, although occasionally we get dragged into both. But we know that it is the physician and not the nurse who holds the keys of life and death, and that it is to him that we must turn when our own hour strikes. And yet, there are times when the keys of life and death are in the hands of the nurse and that is the area of knowledge and skill which is nursing and not medicine. There, as Dr. Welch has said, we stand at its side.

If I seem to stress this point unduly it is because failure to comprehend it has led to the mistaken impression that the movement towards the university on the part of nursing is an attempt to usurp the functions of the physician. Nothing could be further from the truth. Our own field is so vast, so challenging, our own imperfections so great, that we have no need and no desire to explore any other.

But even though the autonomy of nursing as a profession were to be admitted, there is yet another lion in the path and that is the uncompromising attitude of some university authorities towards special (or vocational) education as distinct from liberal (or general) education. Here I walk warily and am glad to be able to quote once more from unimpeachable authority.

In 1932, at a meeting of the Canadian Nurses' Association held in Saint John, New Brunswick, remarkable addresses were given by two educators — Professor Roy Fraser of Mount Allison University and Professor Fred Clarke of McGill Univer-

sity. Together, these addresses constitute a most penetrating analysis of the whole problem of the education of nurses. They are also shining examples of the sort of counsel and guidance that nurses seek from the university. They are as timely and cogent today as they were fifteen years ago and I propose to quote from them freely.

This, in part, is what Professor Clarke has to say:

> No question of modern education can be more typical, more representative of all the major issues than that of the education of nurses. Here at once we have both an urgent question of vocational education and a great issue in social policy if the necessary supply of skill is to be forthcoming and readily available. The function of nursing is an indisputable social necessity. Done well or done badly, the job must be done and the loss is immediate if it is not well done. Is there any profession which requires more than nursing that its professional training shall be penetrated through and through with a rich and liberal human significance? As for the degree, if that is demanded, various courses are possible. The wide umbrella of arts or science might be capacious enough to cover a very satisfactory degree for nurses. I agree that the question is largely one of professional status and that there may be only one way — that of a nurse's degree to secure that object. But as yet I remain unconvinced.

In view of Professor Clarke's sympathetic attitude toward nurses and his high opinion of the social value of their work this conclusion may seem to be disappointing. It is only fair that we should pay careful attention to the reasons on which it is based, and again I quote from Dr. Clarke:

> Law, medicine, and theology have their place by ancient practice. Engineering and architecture are well-established newcomers. Commerce, as pushful as ever, is getting well in. This necessarily raises the question as to the real purpose of a university — that function which must always be put first in considering competing claims. There is debate on the question today when universities tend to disappear in a congeries of technical schools. But my own mind is quite clear that the true values of universities will be lost unless we put first the purely cultural function and the creative function of research. These I think must always have first claim.

Professor Fraser who, like Professor Clarke, is a good friend of nurses, was in substantial agreement. Yet neither of them wished to exclude nurses from the opportunities that the university has to offer short of granting a degree. Both reminded us that we should foster educational values which are essentially our own and which no university can give us. Both had something to say about discipline. Professor Clarke even had a good word for apprenticeship. We might do well to turn back the pages of *The Canadian Nurse* and read once more what these men have told us about the things of the spirit without which all our knowledge and skill are but a dried and shrivelled thing. And, for our encouragement, let us remember what Professor Clarke said about that wide umbrella.

It now seems probable that slowly, but surely, more schools of nursing will become integral parts of universities without constituting any threat to academic educational standards. But there are other and more immediate demands which we may be obliged to make. It is only necessary to look at the daily papers to learn what these demands are likely to be. The proposed far-reaching scheme for the extension of hospital and public health services will add immeasurably to a load which already is so heavy that we can hardly carry it. Before very long, nurses will be expected to assume tasks of far greater magnitude than any we have previously attempted.

In the hospital field, the need for additional personnel will be overwhelming and it will not be safe to rely on the haphazard improvisation of nursing services which is all too prevalent at present. It may even be necessary to set up new and different schools of nursing and, although these will not be university schools in the academic sense, I make bold to say

that the universities may be called upon to take some responsibility for them. The courses in these schools would not be at the university level, nor is it desirable that they should be. Even the extremists among us, and we have a few of them, have never claimed that all or even a majority of nurses should possess academic degrees. All that most of us ask is that the university shall help to prepare women who are potentially capable of leadership.

To sum up then, what do Canadian nurses seek in the university, over and above all that has so generously been granted to them? We ask that in the future, as in the past, they will be patient with us although the time is coming when we need no longer ask for special privileges. We already have young capable leaders who can hold their own in any company, both from an academic and a professional point of view. They need the staunch support of the university, that prime moulder of public opinion, when they strive to interpret to the community what professional nursing is and should become. Above all, we need the firm, wise guidance in educational policy and practice which the university alone can give.

There is one more precious gift which the university can give to nurses, and especially to those nurses who like myself, have not earned academic recognition. That gift is a share, no matter how small, in the cultural and creative values which, as Professor Clarke says, it is the duty of the university to cherish and to protect. I will not try to define that gift. All I can do is to tell you in what manner some of us asked for and received it.

A Canadian university, a good many years ago, received a request from a group of nurses for a refresher course. They were not teachers, or administrators, or supervisors, or public health nurses — they were just plain nurse, who, day in, day out, carry on what we call bedside care and whom above all others I have the honor to represent. When they were asked what they wanted, they said they would be glad to take whatever the university thought would be good for them — provided it did not have too much nursing in it. And that is just what they got. It lasted a whole week. There were lectures and round tables. They peered down a whole battery of microscopes set up for their benefit in the biology laboratory. A lordly junior instructor in physics put on a literally dazzling demonstration for their benefit. As usual, the library came through magnificently with a display of books and periodicals which had no conceivable relation to nursing. For lack of space, this had to be set up in a vacant laboratory in among the Bunsen burners and the rusty little sinks. But that made no difference. Early and late, the nurses could be seen perched high on uncomfortable stools slowly turning the pages until they were chased out by the night watchman. On the last evening, the head of the department of English read to us Galsworthy's exquisite "Indian Summer of a Forsyte"— that story of the last golden days and the peaceful death of an old man. As it drew to the appointed end the room was very quiet —"Summer — summer — and the silent footsteps on the grass." There was no applause — only the deep silence which denotes a profound emotion. In that moment, as in the week that had preceded it, we touched the hem of the garment. We had sought and found the university.

The Metropolitan School of Nursing

After many setbacks and disappointments, the building program for the nurses' residence at our demonstration school of nursing in Windsor, Ont., has finally been launched. On July 8, Mayor Arthur J. Reaume and Judge Albert J. Gordon, chairman of the hospital board, turned the first sod. The building will be a combined residence and teaching unit. It will have accommodation for one hundred student nurses and will provide classrooms, laboratories, and a demonstration room. The structure is being built adjacent to the main hospital building, to which it will be joined by an underground tunnel.

Some International Aspects of Nursing

BETHINA A. BENNETT, O.B.E.

GREAT BRITAIN'S NEED

THERE ARE about twenty million workers in Britain working with a vast capital, equipment of factories, mines, railways, power stations, farm buildings, etc.— a capital equipment which has gradually been built up over the last century. The twenty million workers, the goods and services they produce, and the equipment they use constitute our national resources. They must satisfy our every need. These include such things as defence— there must be enough men and women in the armed forces to carry out our military commitments at home and abroad and there must be enough equipment for them to use. Our basic materials for industry are imported from other countries and we must sell abroad enough of the goods we manufacture to pay for the food and materials sent to us. We have to repair and maintain our capital equipment, which means our houses, machinery, power plants, roads, etc., and keep going the supply of all services provided by public authorities, such as education, postal and telegraph services, and the one which concerns nurses most, the public health and hospital services. All these are the ordinary needs of our nation, but we have to add to them the extraordinary needs resulting from wartime destruction and the consequent interruption of repairs, maintenance, and development. These are the claims on our national man-power. If more is needed by one of the claims, it can only be met at the expense of the others unless the total of individuals is increased or we increase our man-power. The last-named can only be done by people working harder or working longer hours or by bringing in foreign workers or by using part-time workers who are not counted in the ordinary labor force. The outstanding fact today is that we have not enough workers to do all we want to do and barely enough to do all we need to do. We have a colossal job to rebuild our battered houses, restock our depleted flocks and herds, grow more food and produce more clothing and household goods. Things which are fundamental to our national life must come first. The danger is that there is so much we want to do and so much that seems important that too little effort may be concentrated on the things which are vital.

You will see that our national problem is very great and a personal one for every one of us. In particular we also have our problems as nurses. There are very special reasons within the general man-power shortage position which affect our profession. We are actually short of young people. They are, indeed, a very precious commodity. The low birth-rate in the late 1920's and early 1930's was responsible for giving us a very small group of girls of the age from which we take our recruits. To add to this difficulty the school-leaving age, which was raised last year, takes a big slice out of the juvenile population. We do not want juveniles for the nursing profession, but if the amount of juvenile labor is decreased more opportunities open up for girls from eighteen to twenty. The conscription of youth for military service also leaves more work for girls of the same age, and so there is a scramble between the professions and industry for these precious young people. The entire female working population is estimated to fall by half a million between 1946 and 1951. From the small 18-20 age group we, as a profession, say that we require the right type of girl to nurse. So also say the teachers, the scientists, the industrialists and, in common with

Mrs. Bennett is chief nursing officer with the British Ministry of Labor. She is chiefly concerned with the recruitment of students and the placement of graduate nurses.

other professions, we say we require educated girls for training. Remembering that the nursing service needs so many people—some forty to fifty thousand at the moment—and remembering that we need to recover and establish ourselves as one of the world powers, defend our country and our possessions, keep all our services going, make exports and sell enough to get out of debt and stand on our own feet, it behoves all of us to choose our workers wisely for our particular branch of national service. When we have our people we must keep them by eliminating every cause of wastage. We must educate them for our particular work with a minimum of strain not only to them but to ourselves. We must educate them to give the service the people need so that we do do not waste anyone's skill. We must, therefore, look at our potential recruits, our students, and our trained nurses, and see what they must be taught in order to give good service and also what they themselves need so that, by their nursing, they are able not only to give others a full and healthful life but to live full and healthful lives themselves for they are citizens as well as nurses.

Shortage of Nursing Staff

Our special problem is the shortage of nurses which we have to look at against the national background. When we talk about a shortage of nurses we mean shortage of nursing service for the nation and this includes all the care needed to prevent sickness, to nurse the sick, and to rehabilitate those who have been sick. The full demand for nursing service is not being met anywhere in the world and, although the shortage of nursing service is universal, the reasons are very different in the various countries. The demand for nursing service is created according to the state of advance in medical science in the country concerned, and the realization of the need by the people and their government for the services of good and well-trained nurses. Therefore we have the paradox that countries with the most advanced medical and nursing techniques, such as Canada, the United States, the Scandinavian countries, and Great Britain, are those which are most vocal about the nursing shortage, while those with the greatest need often have limited facilities for training nurses, as in Germany and Austria, or little appreciation of what is really needed.

We have the desire to care for people; we have our established hospitals, public health and nursing services; we are, indeed, very vocal about our shortage because we know in general what the people need. We know that they want health, care, and nursing, but we have to examine those needs very carefully, for only by so doing can we see how we can best serve our land and the people. When we examine possible reasons for shortage of nurses we are not thinking of remedying a decline in numbers, but of stimulating still more men and women to come forward and play their part as nurses in the great health team. The fundamental fact regarding our nursing shortage is that, although the numbers of nurses are constantly increasing, we have never yet caught up with the constantly expanding demand.

Steps to Increase Numbers

You will realize that although we keep talking about a shortage of nurses and midwives, shortage is not really the right term. We ought to keep stressing the expansion of the hospital and other services which bring an ever-increasing demand for the services of nurses and midwives. I read recently about a hospital where, before the war, the nurses were working a 60-hour week. Now they work 48 hours, and whereas previously many lectures were given in off-duty time, now they are given in on-duty time. Previously also the nurses had done much domestic work but now they were relieved of almost all domestic duties. So you can imagine that the number of nurses employed there had gone up tremendously. This has been happening throughout the length and breadth of Great Britain.

We made a special survey of hours of employment of nurses in sanatoria in 1944. At that time out of 214 sanatoria visited the nurses in only 80 were then working hours longer than the desired 96-hour fortnight. The number would, I am sure, be much less than 80 now.

What have we tried to do to increase the number and quality of nurses? There have been a considerable number of official and unofficial committees to consider the position of nursing in Great Britain and the steps required to increase recruitment still further. The two main questions with which all have been concerned have been, firstly, whether the present training is right for its purpose — i.e., whether it should be shortened or lengthened, made more simple or more comprehensive, whether there should be one avenue of entry or segregated training for the trained and the assistant nurse; secondly, whether there was anything in the nurses' terms and conditions of service which adversely affected recruitment and caused wastage. The latest committee to consider this matter is the Working Party on the Recruitment and Training of Nurses which the Minister of Health, the Secretary of State for Scotland, and the Minister of Labor and National Service jointly appointed in 1946.

The Working Party's report: The Working Party was instructed to inquire into the recruitment and training of nurses and to deal with these subjects on a long-term basis. The report was published in September, 1947. (The findings were presented in summary form in *The Canadian Nurse* in Dec. 1947, page 935.) One of the Working Party's members, Dr. Cohen, psychologist and statistician, did not feel able to agree with the whole of the report. He wrote a minority report which is to be published shortly.

At best the progress of reform is bound to be slow. The issue, as I see it, is that the nursing personnel needed for the national health services cannot be secured unless radical changes, on the lines recommended in this report, are made in the recruitment and training of the nursing profession, while at the same time the demands on man-power are such that it may be felt impracticable to spare the personnel required to effect these changes. This is but one aspect of the whole problem of the right allocation of our resources in men and material in a time of shortages, on the right solution of which depend the national standard of living and the development of the national services.

Comments and Criticisms

You will be interested in the reactions of the nurses and the employing authorities to the report. There was general agreement that it was a valuable document which should form a useful framework for future developments. Appreciation of its scientific approach was expressed. There were few attempts to challenge the findings on which the report bases its conclusions although some bodies, usually representing nurses, challenged the statistics of wastage during training. They felt that the wartime period on which the statistics were based could not be thought representative. Many people contend that wastage after training is far more important than wastage during training. As was to be expected, those concerned with a specialist field of nursing, such as tuberculosis, children's or mental nursing, focussed their comments on conclusions which, in their view, would operate to the disadvantage of their particular field of interest.

Few bodies accepted the training proposals as outlined in the report, although many of them suggested schemes very similar to the one outlined. Alternative schemes have been suggested in varying detail. In the main it has been stated by almost all the organizations that it is impossible to give a basic training in less than three years. There was a great deal of criticism of the proposed supervised year of practice, chiefly from the angle of the difficult position of the nurses who, having passed the examination for state registration, did not carry on for the year under supervision and would, therefore, not

be licensed to practise. There was also a good deal of criticism of the suggestion that the basic training could be taken in eighteen months. The Working Party report did not make any suggestions about "bridging the gap." Most organizations criticized this as they felt that a great deal of interest is lost between leaving school and the time when a girl can take up training as a nurse, and that adequate education or pre-nursing preparation might well have been linked with the suggestion for a shortened training.

The Working Party discovered that 55 per cent of the nursing recruits had done some sort of work before entering and that, in fact, very few students came into nursing straight from school. Therefore, they decided that alteration of the training and improvement of living conditions during training would reduce the wastage without paying much attention to specific pre-nursing education. They had in mind, no doubt, analogies from teaching where normal entry is at eighteen. It was amazing how few critics looked at the total problem.

With regard to *student status*, several bodies were uncertain of the implications of this term and asked for a fuller definition; others supplied a definition acceptable to themselves. The majority, however, agreed that the application of this principle is desirable, although some doubt whether hospitals will be able to put this into practice while staff shortages remain. Almost everybody has agreed that repetitive duties *are* essential within the framework of student nursing. To this end, a few bodies insist that apprenticeship is more satisfactory than student status. While there is some support for the principle of the control of the student by an authority independent of the hospital, the main reaction is against this. Dealing with finance, many agree that an independent structure for student training is desirable, although there was also discussion of this point. There is general support of the type of training unit visualized. Most bodies agree that any type of hospital, general or special, could be the parent hospital for a group of hospitals if it could provide adequate training facilities.

Regarding the suggestion that the assistant nurse grade should be abolished, there was an even division of opinion. Those in disagreement, however, favor a reduction in the present length of training (two years) and a simplification of the syllabus. The attitude towards nursing orderlies is determined by the attitude towards the abolition of the assistant nurses grade. There was some demand that the proper relationship of the various nursing grades should be determined. Other demands relate to the fixing of a ratio of nursing staff to patients which should be adhered to in all hospitals. There was a large measure of agreement that a new procedure is required for the selection of student nurses, but few attempts were made to elaborate this point. There was very little opposition to the suggestion that there should be special selection of senior staff. There was a demand for special courses of training for ward sisters (supervisors). The remarks on discipline were received with mixed feelings. I think many of the senior nurses in the profession would have agreed whole-heartedly that there is room for improvement in many hospitals by the removal of unnecessary restriction on the nurses' freedom. Nevertheless, the need for reasonable discipline was emphasized. But the profession was, on the whole, much annoyed by the reaction of the popular press to these statements on discipline: considering them to be grossly exaggerated and not showing the other side of the picture.

There was not much support for the proposal of a 40-hour week and six weeks' annual holiday. There was, however, agreement that hours should not extend beyond ninety-six in a fortnight. There was wide support for some kind of straight-shift system as opposed to the present split-shift duty. There was little comment on food and accommodation. Those who did comment asked for improvements. Some bodies suggest that the cash allowances for students and the sal-

aries of trained nursing staff should be increased and that overtime should be paid. Two groups stress the necessity for analysis of the needs of the patient.

The Minority Report

Dr. Cohen has now presented his minority report. It is much too long to discuss in detail but I can give you a general outline. His conclusions and recommendations were:

> The nursing services should be planned. Each service requires the correct size and composition of the nursing force to be known. Without this estimation, it is impossible to lay down the proper form, content, or length of nursing training, or shape a sound policy on most other aspects of nursing life. It is impossible to assess true nursing needs until there is a *comprehensively planned health service* for which the required number of hospital and sanatoria beds, doctors, etc., has been correctly determined. Furthermore, that the planned health service presupposes a planned economy in which a correct proportion of our national resources is devoted to health.

A very interesting part of his report demonstrates the inadequacy of "opinion" as a method of planning the health service. He instances the opinions of various regional authorities outlined in hospital surveys as to the number of beds which will be required for different types of patients. One group was "of the opinion" that 3.5 beds per thousand of the population would be adequate for acute cases and "in the opinion" of another group 5 beds per thousand would be required. He states that these opinions are valueless and that the only method for determining these needs is scientific research. In order to determine the correct total nursing needs of the community and to deal adequately with the apparent subsidiary problem of nursing, Dr. Cohen says that two types of research are needed: one to study problems of a national and interdepartmental nature, such as the correct use of man-power and women-power; the other to study problems peculiar to the health departments.

He considers that one of the more immediate problems for study is the optimum division of effort devoted to curative and preventive health services respectively. He mentioned particularly one aspect of this proposed inquiry: an assessment of the potential value of an expanded industrial nursing service in increasing productivity in factories and mines. In one chapter, Dr. Cohen provides data, on economic grounds, for substantially increasing the number of trained nurses in general hospitals. He states that by statistical investigation he has proved that by increasing the number of trained nurses in general hospitals by nine for every one hundred beds, the length of patients' stay in hospitals would be reduced by one day, i.e., 16.6 instead of 17.6 days.

Dealing with nursing recruitment he says that a policy should be worked out as part and parcel of a general recruitment policy for all occupations. In this connection the claim of the nursing profession to a fair share of the national ability should be assessed in the light of the claims of other professional trades. He considers that psychological selection of nurses, including the interview, should be devised and conducted by persons trained and experienced in the use of these techniques. He states that the soundness of any proposed selection procedure must be judged in terms of nursing effectiveness as measured by criteria, such as duration of patients' stay in hospital. In spite of the evidence from the job analysis in the main report, Dr. Cohen says that a two-year course should be regarded as a provisional measure pending further inquiries and that a new analysis is needed for nursing jobs in terms of patients' needs. Again he uses the criteria of duration of stay. The function of a nurse is stated to be to *reduce the incidence and duration of sickness*. This, he states, provides criteria, such as duration of patients' stay for determining the effectiveness of nursing care, determining the validity of possible selection procedures, and determining the content, methods, and duration of nurse training. Acceptance of this definition of a nurse's

function, he says, implies that an increase in the effectiveness of nursing should be regarded as a goal of nursing reconstruction best serving the interests of the community. Dr. Cohen deals with working conditions in hospitals and with salaries in the same way as in the main report. He states that the future existence and possible role of the General Nursing Councils in the new circumstances of a State Health Service should be examined by a specially appointed committee of inquiry.

The nursing profession has not yet had an opportunity of reading this report. My opinion, if I may voice it, (and I should emphasize that these are my personal views and not those of my department or the other departments concerned), would be that a planned nursing service requires first and foremost an analysis of the needs of patients. I agree that research is absolutely necessary and that an expanded industrial nursing service would go far towards helping the reduction of sickness. I would go farther than Dr. Cohen and say that expanded school nursing, home nursing service, and health visiting service are necessary in addition to the nursing service in factories and mines.

Dealing with his conclusions on recruitment, I can see that it might be possible after much argument to assess the fair share of the national ability for nursing in the light of the claims of other professions and trades, but it is one thing to assess that share and another to meet it without using powers of direction which, everyone would agree, would be quite wrong.

I agree with Dr. Cohen that, although the job analysis indicates that the present training could be done in two years, it does not follow that it is the right length of time. I agree that experiment is most urgent. I do not agree that the criterion of the duration of the patient's stay could give us a measurement of the effectiveness of nursing care. The criterion should be something quite different. It does not prove that a nurse's duty has been properly performed because the patient goes home in a shorter length of time. It is very frequently a nurse's duty to care for those who will never go home again and she has performed her duty just as well by caring for that patient as if she had nursed him to be well enough to go home. This measurement of the effectiveness of nursing care by the length of time the patient stays in hospital does not appear to be sound from any point of view.

With regard to the function of a nurse which, Dr. Cohen says, is to reduce the *incidence of sickness*, surely it is also to relieve pain. Duration of patients' stay may well only be shortened by throwing more work on nurses outside hospitals. Looking at this in terms of man-power, which is, I believe, Dr. Cohen's intention, it might well prove that more people had to be used in the care of the patient because the patient was discharged from hospital in a shorter length of time. For instance, a man being sent home after having a fractured femur who had only recently had a plaster removed from his leg might well find his wife completely unable to attend him. He would, therefore, have to call upon the services of the public health nurse. He might be unable to attend the clinic for massage and exercises or it might be necessary for a physiotherapist to visit him in his own home. One nurse in hospital could have attended to this patient and many others in addition and a physiotherapist could have attended to him in addition to quite a number of patients. I agree with the whole of Dr. Cohen's remarks on salaries and working conditions. Lastly, I would agree that in the new circumstances of the National Health Service the future role and composition of the General Nursing Council might need to be examined.

Recruitment of Displaced Persons

I have been asked to speak on some international aspects of nursing. So far I have spoken only of nursing in my own country. I was sent to Austria by my department to look at nurses and would-be nurses in the Displaced Persons camps and in

camps where the Volksdeutsche were living, and to explore the possibility of bringing to England some trained Austrian nurses for a short time, a year or two, not only to help us, as indeed they would, but so that they could learn something of British nursing methods. My mission also included preliminary inquiries about the possibility of bringing to England a number of well-educated Austrian girls to train in general nursing in our hospitals with the intention that, at the completion of their training, they would, if they wished to do so, return to Austria to help to raise the standard of Austrian nursing.

Referring first of all to the D. P. and Volksdeutsche camps, the great majority of the Volksdeutsche are directly descended from families of the old Austrian Empire and Germans who either emigrated or were sent to countries such as Czechoslovakia, Hungary, Poland, and the Baltic States, in order to colonize there. In some cases, this movement took place some two hundred years ago. At the time of World War II, many of them had come to regard themselves as natives of the countries in which they lived.

When the German armies overran these countries during the early years of the war, the Nazi propaganda machine took great care to ensure that the Germanic antecedents of the Volksdeutsche were brought to the fore, and to emphasize that these people had at last been "liberated" from the countries who had "oppressed" them for so long. This policy was no doubt prepared and fostered by a proportion of the Volksdeutsche, especially those in Czechoslovakia (the Sudetens) and Poland. To the majority, who had been living and working contentedly for generations in their foster countries, it undoubtedly came as a somewhat unwelcome surprise. Most of them were of the artisan and peasant type who only wished to be left in peace and work at the jobs they knew. During the German occupation, the Volksdeutche naturally became, rightly or wrongly, marked people among the pure nationals of the countries concerned. When the German armies were driven back in 1944-45, these people either departed with them or were subsequently expelled. In addition, there were some Volksdeutsche who found themselves unable to accept the new regime which sprang up in their foster countries after the defeat of Germany, and who returned to Germany and Austria in the hope of finding sanctuary there. From this resulted the steady stream of Volksdeutsche back into Germany and Austria which still continues.

Among these persons there are many nurses and would-be nurses. The greatest difficulty in recruiting them or in trying to help them by resettlement is their family commitments. When I first talked to these people, particularly those who were working in the camps as nursing aides and who would in my opinion make excellent nurses after training, their problems of old mothers or fathers, sisters, husbands, and children seemed insuperable. We are, however, considering ways and means and we hope, with the help of the International Relief Organization, to try to resettle some of these girls with their relatives in Great Britain. I talked with many of the displaced people from the Baltic States. I saw a most excellent film which had been made by the displaced Latvians which showed their wonderful powers of rehabilitation. I know some of the D.P. nurses have come to Canada, many more would like to come. There is no problem in Great Britain about settling single people without dependents. The problem is to try to train or to find employment for those who have one or more dependents. This may not prove over difficult if we get down to individual placing.

In Austria, I met the leading Austrian nurses and was delighted to find that they had just restarted their professional nursing association. They sincerely hope that through their association they will be able to play their part in the International Council of Nurses. They told me that there are nurses who would like to come to England for a year or two to gain ex-

perience in our hospitals and to help us. We shall, indeed, welcome them. After my preliminary inquiries it has now been agreed between the Austrian Government and our own that a hundred Austrian girls should come to England for general nurse training. Both governments are hopeful that they will go back to Austria upon completion of training.

The Austrian nursing profession is still suffering severely from the effects of the war years and the Nazi occupation. There are about fourteen thousand nurses employed in the care of the sick but an exact census is not possible until the registration of nurses, which is now taking place, has been completed. Training varies throughout the country. In the large hospitals, particularly, the training is for three years, in others for two, and in some for the period of one year only. There is no school of post-graduate nursing in Austria. In order to bring about co-operation between those who are teaching students in the nursing schools, a teachers' working circle was formed. Twenty Austrian nurses were sent to England last year by UNRRA for a four-month course of study. These nurses, too, meet as frequently as they can, talking of their experiences in England. There is a tremendous amount to be done in Austria and I am glad to think that we shall be able to help by training some of their nurses and giving experience to some of their more senior people. Their desire for reconstruction is very evident. The nurses are extremely short of uniforms and shoes; perhaps you could help by sending some of these things to that really war-devastated country.

My visit to Germany was also to visit the D.P. camps in the British Zone and to make arrangements for fifty German girls to come to England for training as nurses. My time was, apart from visiting the camps, occupied mainly by attendance at meetings to decide the methods of recruitment, transportation, etc. I did, however, find time to visit a very nice hospital which was run by the nuns—the Wald Krankenhaus. The hospital authorities had placed a small training school at the disposal of the Control Commission in Germany and the nurses attached to the Commission, themselves D.P.'s, were giving most excellent six-week courses to young D.P.'s who were to work as nursing aides in the various camps. The training appeared to be excellent and I was delighted with the standard of the nursing work. Again, these youngsters were extremely short of uniforms but it would have delighted your hearts to see that they had managed to make a uniform blouse, which they wore with any old skirt covered with a fairly respectable apron, and caps and collars out of towelling. It was the best they could do but they looked clean and bright, and the uniform, such as it was, gave them a sense of responsibility and dignity.

A federation of the main nursing associations is being formed in Germany under the presidency of Dr. Von Abendroth who is not only a doctor but also a nurse.

JULY 5, 1948

This date will be an epoch-making day in the development of British Social Services. On that day, the National Insurance Service, including industrial injuries insurance, will be in operation, supporting and supported by family allowances, the National Health Service and National Assistance. The new scheme of social security provides for everybody without exception — men, women and children, young and old, rich and poor, married or single, employed and unemployed, those working on their own account and those not working. The benefits are to be paid out of contributions and taxes. It is more than an Act of Parliament — it is an act of faith on the part of the British people and it is up to all of us to co-operate and to make it a success. There has been some confusion in the minds of our people between the National Health Service Act and the National Insurance Act. There is no need to have any insurance qualification to use any or all of the services within the National Health Service. This means

that every man, woman and child in the country, whether within the National Insurance scheme or outside it, is eligible for all the health services. There is no age bar so that this service is open to old folk just as it is to other members of the community. About five-sixths of the total cost of the National Health Service will come from taxation in the ordinary way and only one-sixth comes from the National Insurance Fund. Of an insured contribution of 4/11 per week for a man and 3/10 for a woman under the National Insurance scheme, only 9½d. goes towards the cost of the health service and 4d. a week to cover the cash benefits, such as retirement pension, widows' pension, unemployment, sickness and disabled benefit, and so on. In general, everyone over school-leaving age will be insurable under the National Insurance Act in one of three classes: employed people, self-employed, and non-employed.

The National Health Service

The National Health Service Acts make it the duty of the Minister of Health and the Secretary of State for Scotland:

> To promote the establishment in England and Wales (or Scotland) of a comprehensive health service designed to secure improvement in the physical and mental health of the people of England and Wales (or Scotland) and the prevention, diagnosis, and treatment of illness.

The Minister of Health and the Secretary of State for Scotland will be responsible to parliament for seeing that health services of all kinds of the highest possible quality are available to all who need them. It will be available to everyone; it will be a charge on the national income in the same way as the armed forces and other necessities. It is *not* an insurance scheme. Everyone is entitled to use any or all of the services. There is no question of insurance qualification or waiting periods. Most of the cost of running the service will be paid out of the national exchequer, from taxes, except for the contribution made from the National Insurance Fund. Some of the expenses will also fall on local rates. Key features of the new service are:

Family doctor and dentist: Personal health service and treatment by doctors whom the patient chooses—to be available at surgeries, and at health centres as soon as these can be built and, where necessary, at home. Similarly, dental care and treatment, including the provision of dentures, by dentists chosen by the patients.

Hospital and specialist services: All forms of general and specialist hospital care and treatment, both in-patient and out-patient, specialist opinions, and treatment of all kinds to be made available not only at hospitals, institutions, and clinics, but also, where necessary on medical grounds, in the patient's home. Blood transfusion and pathological laboratory services for all hospitals.

Local and home health services: These include midwifery, maternity and child welfare health visiting, home nursing, a priority dental service for children and expectant or nursing mothers, domestic help where needed on health grounds, vaccination and immunization, ambulance services, additional special care and after-care in cases of illnesses.

Drugs, medicines, and medical and surgical appliances: These will be provided at chemists' shops (on the prescriptions of doctors and, for certain drugs, of dentists) or at hospitals. In rural areas they may be provided by doctors.

Sight-testing and supply of glasses: While a hospital eye service is being built up supplementary arrangements will be made for ophthalmic medical practitioners and ophthalmic opticians to test sight, and for ophthalmic and dispensing opticians to supply spectacles.

The only charge falling on a patient for any of the services will be in certain cases for renewal or repair of spectacles and dentures, and for domestic help, extra food, blankets, etc.

Place of the Nurse in the National Health Service

Negotiating machinery: We have had since 1941 a National Nurses' Salaries Committee, known in England and Wales as the "Rushcliffe Committee" and in Scotland as the "Guthrie Committee." The committees were set up at the request of the Minister of Health and the Secretary of State for Scotland, and

have made recommendations on salaries for nurses and midwives and on certain personnel policies, such as hours of work, sickness, pay, etc. The committees have no power to enforce their decisions but the hospitals and nursing services accepted them almost with unanimity. The Ministry of Health and the Department of Health for Scotland reimbursed the hospitals to the extent of 50 per cent of any recommended increases in salary. New negotiation machinery is being set up to take the place of these committees in the form of Whitley Councils which will deal with salaries and conditions of employment for all employed in the health service.

The origin of Whitley negotiating machinery takes us back to the end of World War I. In 1919, the government, concerned with the number and frequency of industrial disputes, set up a committee to study the relations between employers and employed under the chairmanship of Mr. J. H. Whitley, who was the Speaker of the House of Commons. The committee was asked to make suggestions for securing permanent improvement in such relationships and to recommend means for systematic review of working and employment conditions with a view to improving these considerations in the future. Their recommendations included the setting up of Joint Industrial Councils, composed of representatives of the associations of employers and bodies of workers, to meet at regular intervals to discuss all problems relating to conditions of work, wages, training, research, and methods of improvement. The councils were set up in a number of industries and many proved extremely satisfactory especially in the Civil Service.

The new machinery for health services, which will include the nursing profession, is available to every nurse and midwife employed in the National Health Service, but she can only play effectively her part in it through an organization. For the whole of the National Health Service employees there will be ten Whitley Councils — one, a Central Council, which will have no jurisdiction over the other nine but will concern itself with matters affecting more than one group of employees. The minutes of each council will be circulated to each of the others so that all persons concerned will be aware of possible reactions on the matters under consideration by other councils. It is proposed to set up Joint Hospital Councils in the Hospital Management Areas. The ten councils are to be known as Functional Councils. The Functional Council for nurses and midwives will have forty-one representatives to speak for the nurses and midwives, provided they are members of one of the professional organizations. The professional associations hold twenty-three seats and the trade unions, which include nurses among their members, will have eighteen seats. The Royal College of Nursing will have twelve of the seats allowed for the professional organizations and the Royal College of Midwives six. It is important to realize; in thinking of this negotiating machinery, that everything proceeds from agreement.

At the regional level there will be a committee but its form has not yet been determined. It will probably be an *ad hoc* council with representation on the one side of all sections of staff organizations and on the other the employers, working on the basis of those associations represented in the national machinery. At the hospital level there will in all probability be hospital councils representing all sections of the staff. The nursing staffs are being encouraged to set up Nurses' Representative Councils. Nurses will, therefore, (to start from the other end), have opportunities to discuss their nursing and general employment problems within the nurses' representative council and, from there, to the Hospital Consultative Committee and to the Regional Council if necessary. Local and regional matters being dealt with regionally, matters of national interest and implication will be dealt with by the nurses' own associations, first of all regionally and from there to the National Functional Council.

Matters of salary are dealt with only on the National Councils.

Conclusion

In conclusion, may I venture into the realm of opinion for, apart from my remarks on Dr. Cohen's report, I have confined them to factual material. The nursing profession in any country of the world can play a very important part in the much-needed world reconstruction. The world needs nurses to serve it in every possible capacity. It is, indeed, a sick and ailing world. Professor Winslow in a Yale graduation address said:

"There is a Chinese proverb which runs something like this: 'The poor doctor treats symptoms; the good doctor cares for patients; the superior doctor serves the state.' The same classification can be made of nurses. The poor nurse performs nursing duties; the good nurse understands and cares for patients; the superior nurse serves the state. It does not mean that a doctor or nurse need hold a government appointment in order to serve the state. The state means the people of a nation not the government, for governments come and go."

Professor Winslow said that, as he understood the proverb, it meant that our plans should be made, our work done, and our lives lived with a constant sense and vision of our responsibilities — our service for the community. Therefore, I would ask you to examine every plan made for the nursing of the people and the training of nurses. Compare them with those made in other countries so that they can be recommended for the international good. Criticize all plans with one question: "Is this right for the people? Can we, by this plan, not only comfort and help people but can we help them to make their maximum effort in the recovery of the world?"

Venturing still further into the realms of opinion, I feel we have to begin with the patients and their needs. This has frequently been stated, but most of those who have made this comment have not made suggestions which go far enough to meet these needs, and few have attempted to define the needs. I believe that many of the needs of the patient, in and out of hospital, are really very simple. We are inclined to confuse simplicity in nursing with purely domestic tasks. We are so apt to think of highly skilled and professional nursing as something interwoven with tubes, instruments, tests, graphs, and case records. Necessary though these things are, the most essential requirement for seriously ill people is to make them happy, comfortable and in "the mind to get better." These are often the simplest of things. I would plead for a careful examination of the needs of sick people. Then we shall discover what is the true function of the nurse: what we should teach her and what she should teach other members of the health team. We must teach our nurses the simplicity of personal care and the interpretation by the nurse to the patient of the multiplicity of the various treatments that assail him. It is our job to eradicate fear and to encourage trust in the ability of the health team to ease pain and to prevent and cure disease. As a team we are the *nearest* to the patient. Finally, the nurse should be personally responsible for the treatment allotted to her. She should care for and oversee the mental and bodily needs of her patient, acting as an interpreter of the treatment he undergoes and teaching him positive health.

The nursing profession should assume the responsibility for teaching not only the members of the nursing team but all other groups of the health team who need, at any time, to perform nursing duties.

Let us, therefore, see the nursing team within the health team, as the vital link between them and the patients. We have, indeed, a most important part to play in the world.

In nothing do men more nearly approach the gods than in giving health to men.

— Cicero

Supervision

NELLIE GORGAS

EVEN THOUGH the word supervision sounds simple, there seems often to be a considerable amount of confusion as to exactly what it means and that is why I have chosen it as the title. Supervision is a very definite part of the administrative function in any organization and its part and its relation to the other parts should be clearly understood, for it is only by such understanding that it can be performed properly.

The object of any administration is to achieve a predetermined result. To do so requires at least four and usually five separate steps: (1) organization; (2) direction; (3) supervision; (4) control; (5) public relations. Everyone who has executive responsibilities has all five of these steps to bear in mind — the level of his executive or administrative responsibilities determining the relative importance of these steps in his particular case. For example, public relations or outside representation is usually left to the "top" management. But supervision is a major responsibility at the lower levels. Because it is so important in administration, it is well worth earnest consideration.

The success of any organization depends upon the persons in it and so upon personnel management, which means the managing of people in such a way as to make them work together to achieve the objective for which the organization has been formed.

Americans have been very ingenious in organizing enterprises successfully. They have proved that they can plan cleverly, but their plans do not always work out as successfully as they plan. Usually the fault has been that the people they use in their organizations do not work exactly as it is planned that they shall work; they are humans, not wooden pegs to be pushed around in too rigid or decided a pattern. It might be said quite fairly that most of our troubles in making progress have been because of our mismanagement of human relations. Witness our many strikes and threatened strikes which retard progress all too frequently.

Elton Mayo, senior professor in the Department of Industrial Research at the Harvard School of Business, has been studying this whole question of human relations as a factor in business and industry. He has written a very interesting book entitled "The Social Problems of an Industrial Civilization." The thesis he uses is that "if our social skills had advanced step by step with our technical skills, there would not have been another European war." Social skill he defines as "our ability to secure co-operation between people." He concludes that "there is no 'ism' which will help us to solution: we must be content to return to patient, pedestrian work at the wholly neglected problem of the determinants of spontaneous participation."

It is in supervision that this question of social skill and its development and use comes most strongly to the fore. In organizing and in directing any enterprise, the use of employees, of course, must be planned for and some human relations are directly involved. In public relations, necessary in the selling of the product or the representing of the enterprise, human relations again are important. But it is in supervision and control that it is of its greatest importance because supervision and control are exercised at all the levels over every employee in the enterprise.

Our trouble seems to lie in the complexity of supervision and control, and the errors in human relations which we are encountering come because we do not use social skill in these functions. One step has been accomplished which illustrates that we are

Miss Gorgas is administrator of St. Barnabas Hospital, Minneapolis, Minn.

gradually becoming a bit more skilful. It gives hope that we will eventually develop real skill. We found one of our difficulties when the now familiar cognomen of "snoopervisor" began to be used with reference to supervisors. That term brought into ridicule one of the methods which heretofore was used too frequently by those responsible for supervision. Some people have used this "snooper" procedure quite consciously in the sincere belief that it was an essential practice; in fact, that it was the only way in which they really could find out what was going on. They were probably impressed with the fact that, if they were to be responsible for the work of others, they must watch them almost every second and spy on them at unexpected times because otherwise the workers would not play fair with them. It will take a great deal of skill on the part of many to get some people convinced that this need not be a true hypothesis. What has made the difference in our social system which has emphasized the need for this development of real social skill? It is, of course, a fundamental change in our whole social structure. Before the Industrial Revolution, and in the earlier stages of the new social system resulting from that revolution, we had what Mayo calls an "*established* society" in which

> Group codes determined the social order of things and the direction of individuals' lives; the interests of the individual were subordinated, by his own eager desire developed from infancy, to the interests of the group; and in return the group gave him stability, an assured function, and opportunity for satisfying participation.

Now, he points out:

> The typical industrial community is an *adaptive* society, composed of individuals of varied origin, many of them moving several times from one group association to another in the quest of education and jobs. Difficulties of relating themselves to others and consequent solitariness and unhappiness characterize many of these people. Many come to a fundamental assumption that the world is hostile; some react by over-aggressiveness, others tread too carefully; and groupings frequently form in an attitude of wariness or hostility to other groups.

So he concludes that our social skill or ability to secure co-operation between people has disappeared. He carries his point through to show that if this trend is not reversed it may lead to ever-increasing hostilities which in the long run cause irrational hatreds in place of co-operation, and eventually to the downfall of our civilization. He may be right, but even without the objective of avoiding that dire calamity it behooves us at our local levels to see if we can do our bit to profit by his conclusions and develop a new social skill which will help us in our immediate problems.

I could not help but be impressed by some of his comments about the new society because of my experience with hospital employees. You will agree with me that the nursing situation follows the pattern he mentions. On our floors now, all of our hospitals have nurses from many different schools, states and countries. We have deliberately encouraged this. We do not believe in too much "inbreeding." We feel we can profit materially by letting our nurses benefit by contact with those from other places who may bring in newer and better practices and procedures. But the nurses are moving from hospital to hospital, from province to province. Another thing we have deliberately encouraged! It is a selling point in our recruiting. The nurse develops a mobile profession. She can make use of it almost anywhere. Her education is a value she has put into herself which gives her leeway to choose the type of life she likes. She has the world as her oyster, as it were. Wherever her family or her own desires and responsibilities take her, she may earn a living. We want it that way. To some extent it has always been that way. But for some reason these factors have been emphasized in places where we have our greatest unrest. Perhaps the inevitable changes which a great world war brings are largely responsible. At any rate a smaller and smaller proportion of our own graduates stay to work for us. Fewer outsiders who

join our staffs stay more than a year or two. Naturally, the turnover makes it difficult for the girls to relate themselves to each other. They do not have the opportunity to do so, nor do they really care to do so because they know it is only for a short time anyway.

Perhaps another factor enters in which results in our hospitals being even more legitimately called *adaptive* rather than *established* societies. I refer to the shortened work week. With a 24-hour day, seven days a week to cover, and with the nurses' work week rapidly being cut down to 40 or 44 hours, in order to cover the work, the scheduling is extremely difficult. It is not surprising that the nurse often finds her "team" on her floor is not a team at all. Different nurses are constantly being shifted onto her floor, or she is shifted to another floor to fill in for someone else.

The major findings of the best research workers on this question of social dynamics, now under study in our best universities — many of which are now setting up Industrial Relations Divisions — have shown that it is a team spirit which accounts for the "inconsistencies" of behavior which perplexed those who tried to find what were the most important factors in making the worker most efficient.

Almost everyone is now familiar with the famous Hawthorn experiments where, one by one, in varying inter-relationships, the factors in the working conditions of certain workers were changed and the results measured scientifically in an effort to find which ones were most favorable to productivity. The results were most confusing. The answer which was finally found was that the girls compensated for each other and for various unfavorable factors and almost unconsciously produced results they wanted regardless of working conditions or circumstances.

Not such a familiar experiment but another of equal soundness and importance substantiated the findings in the Hawthorn study. Given the opportunity of communication and collaboration among themselves, the workers in a "problem" department of a textile mill increased their efficiency from below 70 per cent to over 85 per cent and labor turnover dropped from 250 per cent to 5 per cent.

Unfortunately, this is about as far as the experts have gone in their studies. They know it is team spirit that is important as an incentive in co-operative action. They know that it must be instilled and maintained. They warn us of the importance. They tell us that there is practically no possibility of returning to our old pattern of an established society, that we will have an adaptive society for a long time to come. To develop the skill needed for the new social pattern, there are three steps necessary, to their way of thinking:

1. A patient, pedestrian development of first-hand knowledge of actual situations.
2. The development of skill based on this ultimate acquaintance with the facts.
3. A clear statement, for test and development, of the logical implications of effective skill.

Their studies, they claim, showed that the human desire for co-operative activity still persists in the ordinary person, even in communities of social chaos, and can be utilized by intelligent and skilled management.

So much for the theory and the philosophy. It seems to have logic and it seems a challenge. What can we do because of it and how can we perhaps help in the total picture, or at least in our own situation, to develop a real social skill?

For years, while our hospitals were smaller, more compact, and less complicated structures, the team spirit predominated. The work was done by the group as a whole. Now, the various jobs are more widely separated in content. The nurse cannot do the complicated laboratory or x-ray job; the maid cannot do the bedside nursing functions (even water cannot be given to every patient who asks for it—medical practices prohibit it). So even if it were not for the instability of the group itself, there is not only less desire but also less opportunity for helping each other.

The consensus of many business executives on our hospital boards is that the only incentive for the worker is money. They feel that the pressure employees are putting on them collectively for higher and higher wages, with less and less consideration of the patient's ability to pay, demonstrates the truth of their contention.

But the experts tell us that money is not the most desired factor in a job situation. Security, and a sense of belonging, rank higher.

We must do something about the situation in hospitals because the unrest is reaching serious proportions even among as highly skilled a group as the nurses. The workers are teaming together and are trying to help themselves in their new situation. It may be that they are putting the cart before the horse. The emphasis is being put on some of the less important factors in a way which is arousing antagonism and is drawing attention away from the more important factors. In some of the States, demands for legal contracts, incorporating many changes in working conditions which seem absolutely impossible in view of present financial conditions, have been presented in ways far different from those which a truly co-operative spirit would dictate. It is not that the hospitals do not recognize that the worker is worthy of a fair wage and that the cost of hospital service should not be put upon the worker by expecting him to accept underpayment, but the administration has a real problem of finance and it must have time and help in working out of the dilemma in which new conditions have placed hospitals. Co-operation between administration and worker to devise a plan whereby additional funds can be obtained to provide for improvements calls also for a plan whereby full value will be given for value received with resultant efficiencies in operation so as to help the financial situation.

In the long run the hospital is responsible to the public for spending its money to best advantage to provide proper service. It must and can, by co-operative effort, be fair to all but it will take time to work out the complete problem this involves. Forcing improvement in some conditions in such a way as to raise greater antagonism will only result in ruining the more important factors and making the job satisfaction and security correspondingly worse. It is to be hoped that a co-operative method may be used which will continue the improvements being made but eliminate antagonisms.

The position of the nurse in our hospitals in the States has changed very materially since the time when it could, unfortunately perhaps, be said truthfully that she was exploited. It is time now that the emphasis in our arguments should be changed and that, again through co-operative effort, emphasis be put upon the realization that by giving full measure of service for fair compensation received, and by working with a will with all others in the hospital to achieve its objectives, everyone will win.

Relations with patients and public must be such as to convince both that the nurse is more than worth everything she earns and that nursing offers a career which is self-satisfying and attractive to high-calibre girls. To change the tide, and eliminate the antagonisms which have caused the difficulties, we must develop the social skill Mayo mentions. We must somehow get co-operation from hospital boards, administrators, and the nurses. We shall probably have to go through the steps he mentions.

This brings me back to my thesis that supervision is an all-important factor. It has always meant inspection with an intent of finding facts. We must find out where we have lost co-operation and why. We must try various ways of regaining it — check results and try again until eventually we get the skill and then get it put into use.

Finding out how well the plans, objectives, directions, the policies and practices set up by management are operating is essential. If no one super-

vises, that is, inspects constantly, the management may find itself in the position of not having any realistic knowledge of what is happening. Supervision gives facts, shows where plans are not working well. Control is then exercised by the supervisor, who usually is held responsible for at least making the first attempt toward bringing action back into accord with plans. If the supervisor cannot do it alone, it is his responsibility to report to *his* supervisor who tries to rectify the situation. If he in turn fails, it is his responsibility to report to his immediate superior, and so on up to the top administrator.

So supervision inherently, if closely pursued, will do what has been set up as a first step in the immediate problem ahead of us. It will give the factual knowledge as to the true situation where human relations are not working well. It is through the supervisor that we shall be able to apply and test whatever is developed in the way of skill and technique for handling human relations.

Fortunately, other functions than just that of fact-finding have entered into our theory and practice of supervision. They have, at least in the nursing field, helped materially. In the literature I found a very interesting report which I recommend for re-reading in case you may have forgotten about it. It was given by W. H. Burton in 1930 before the National League of Nursing Education. He states that "primarily, supervision should promote the growth and the development and the better efficiency, personal and professional, of the people under supervision." Primarily, it should do that. But he continues, "We all know that, with the people we usually supervise, either their training wasn't complete, or they themselves are not completely up to par, and for various reasons we have to develop and correct deficiencies and to give specific directions as to what to do."

Specifically, he felt supervision should accomplish four things: First, inspection for fact-finding, not fault-finding; second, training as correction; third, guiding — in the sense of stimulation and encouragement of initiative, participation, and thinking on the job; fourth, a little practical research on the actual, immediate problems of the situation. It is interesting to see how clear and sound his thinking was in that outline of eighteen years ago for it is certainly fitting and appropriate now. But his third point, to a certain extent, and certainly his fourth step, have received little practical attention in the intervening years. There is not enough guidance and very little research has been pursued.

In conclusion, I reiterate that supervision, which I interpret as a careful, sincere effort to get facts which will help management to be sure that its directives are working out in accordance with the objectives, is of increasing importance because of the changes which have occurred in our society, both from the complexities of our hospital facilities and from the lack of permanent working teams. It is important that all who have any responsibility for it bear in mind its objective — the better utilization of our human resources in order to provide medical care for people as efficiently and economically as possible. It should be remembered that the best way to accomplish this is to obtain the co-operation of all those concerned. By improving supervision we should be able to find points of friction, get them corrected by co-operation with top management, improve efficiency so costs can be met, and obtain and maintain a true spirit of co-operation.

Waste not your energy in fighting people. Individual personalities are too transitory. Fight for principles and things if you would avoid wasting your time, which is fleeting.

ANA Public Relations Program

LEON DORAIS

DURING our intensive workshop sessions on public relations, we have learned a great deal about the responsibility which Canadian nurses have for public relations activities. I don't want to emphasize the differences between your organizational and public relations problems and those of the American Nurses' Association. Fundamentally, the situation here in Canada is quite similar to that faced by nurses south of the border. During the past year the Edward L. Bernays organization has formulated and executed a public relations program for the American Nurses' Association. For most of that year I have worked closely with the ANA. I shall review what this program has consisted of and what has been accomplished. I shall not attempt to recapitulate all of it, but to give you the high points in the hope that they will prove of use to you in the future. Before proceeding I shall sketch the basic concept of public relations so that the detailed activities of the ANA program will appear in clearer perspective.

Public relations is simply a way of describing the dealing of an individual, an association, a corporation, a government agency with the public at large. Actually there are a great many different publics, because no people is a single homogeneous mass. Modern society consists of many groups — religious, racial, occupational, economic, educational, social, etc., and each of these has its own interests, its own preferences, and its own ideas. Therefore, an organization which wants the support of these groups must do two things: it must educate them to an understanding of its problems, and at the same time so conduct its affairs as to warrant the support of these groups.

The practice of public relations thus becomes one of bringing about an understanding between an organization and its publics. In recent times, trained public relations counsel have emerged who have specialized in performing this function. In undertaking a service for a client, a modern public relations counsel first surveys the public to determine what it thinks about the client, whether it approves or disapproves of the client's actions, or whether it simply knows nothing and is not interested. The public relations counsel then formulates policies to assist the client in those courses of action which affect the public, and recommends their acceptance. And finally he interprets the client — the client's policies, products, or services — to the public. A combination of public opinion researcher, adult educator, social scientist, trouble shooter, and even propagandist — this is the counsel on public relations; and like other professionals — including very soon, we hope, all professional nurses — he is paid on the basis of his professional skills, aptitudes, and experience.

In dealing with the various groups which make up the public, it has been found that the most effective way of reaching them is through their leaders. These leaders reflect their followers' wishes and work to promote their interests. If the leaders can be shown, for example, that the cause of professional nursing deserves their support, the major part of the battle is won, for they in turn will influence people who will believe likewise.

These group leaders and molders of public opinion can best be reached today through the use of mass communications media — the press, the radio, motion pictures, books, pamphlets, and so on; and, in addition, by means of direct mail, through meetings, lectures, and word of mouth in general. By this, we do not mean merely publicity. There's a popular misconception regarding public relations and publicity. Many people

Mr. Dorais is a member of the Edward L. Bernays organization in New York City.

think the terms are synonymous. Actually, publicity is merely one phase of public relations activities. Getting stories in the newspapers or announcements on the radio are but means to the desired end of gaining the public's receptivity. Publicity is thus a tool, so to speak, one of the many techniques modern public relations uses to advance the cause of a client.

The Bernays organization, before undertaking the ANA program, had advance knowledge of public attitudes toward nursing, for in 1945 we had conducted a survey of what the American people thought about professional nurses and nursing service. The results of these surveys appeared in the *American Journal of Nursing* during 1946, in the form of a dozen articles. Among them were "The Medical Profession and Nurses," which was an analysis of what doctors think about nurses; another was "What Government Officials Think about Nursing"; a third, "The Armed Forces and the Nursing Profession," etc. The data gathered by these surveys were enormously revealing. They conclusively demonstrated that these various groups had the widest range of misconceptions about the nursing profession that could be imagined. Furthermore, many of these groups were professionals themselves, of whom it could have been expected that they would have more accurate information than the so-called average person. It became clear, therefore, that in any campaign on the part of the nurses to improve their position, economically and otherwise, a great deal of educational work would have to be done to inform people on the situation in nursing, and why it was to the public's interest to support the nurses' efforts for improvement. The information obtained in these surveys made it possible to begin work at once with advance knowledge of precisely what areas of misunderstanding required concentrated effort.

We set out, therefore, to obtain for the nurses a recognition of their worth as a professional group, their importance in the whole set-up of health care, and concrete improvement in terms of higher pay and better all-round economic conditions. The result would be to make nursing more attractive, to make for more and better nurses, and provide better nursing care for the public. The public thus would have a direct stake in helping the profession.

How was the ANA to accomplish this? First, by effective action on the part of the nurses themselves through their nursing organizations — district, state, and national — to dramatize the nursing problem in the public's mind and to show the public that the nurses themselves were doing all in their power and not asking for support without at the same time working to help themselves. Secondly, to work on the legal aspects. Just as there is variation between the provinces in Canada, registration laws in the United States vary in each of the forty-eight states. Standards are enormously different from one part of the country to another; in some states, for example, licensing provisions are completely inadequate. Therefore, a major objective was new legislation which would require mandatory licensing of all nurses. The next element, the arousing of a favorable public opinion, would make it possible to succeed in the first objective.

Activities were divided into two separate levels: what might be called the external and the internal programs. An internal program simply means to brief the members of an organization — heads of state and district associations right down to the membership at large — on how they can best go about making themselves spokesmen for the cause of professional nursing and to provide the vital assistance necessary to a nationwide campaign directed at the public at large. As a direct example of internal work, each nurse in contact with a patient is, in effect, a spokesman for the nursing profession and is able to influence, for better or for worse depending upon her tactics, the general public.

The external program of the ANA called for repeated statements of our objectives. These objectives are sum-

med up in three primary points, supplemented by three additional points, which add up to this:

1. *Economic security:* If the country is to have the nursing service needed to maintain its health standards, our professional nurses must be accorded an economic status based on a recognition of their responsibilities and duties.

2. *Legal control:* Adequate health standards require legal control of all who nurse for hire in all states.

3. *Placement and counselling:* Equitable distribution of nursing service depends in large part on a general program of professional counselling and placement of nurses, and placement service for the public.

4. *Recruitment:* Promotion of enrolment in accredited schools of nursing will provide a continuous supply of nurses. This calls for public co-operation and support.

5. *Quality nursing service:* The nursing profession is proud of its standards and seeks constantly to give the public the best possible nursing service.

6. *Public recognition:* The public must give nurses the recognition due their professional status and accomplishments if health standards are to be maintained.

A first basic informational release was issued in the name of the ANA, citing the causes of the nursing crisis and the ANA's program to remedy it. This release was dispatched to the editors of every major newspaper in the country, to important columnists, radio commentators, magazine editors, and other opinion-molders. The campaign was officially underway. In a sense, it marked another step on the part of the nursing profession away from the well-known tradition of docility. The nurses had already begun to make themselves heard — they were now determined to make an even more emphatic noise.

Following the inital step we did not just sit back and hope for something to come up by chance. A carefully detailed plan of action had already been evolved and was put into action. At regular intervals feature stories, news releases, and special events stories were sent to the nation's press. The activity was visualized as going forward in this way — newspaper publicity, radio publicity, articles in magazines, special events, and a program of pamphlet publication. Throughout the following weeks, a steady stream of news stories regarding the nursing situation appeared in the public press.

In addition to news stories, many editorials appeared which were largely inspired by our material. Editorials have been extremely favorable toward the position of the nurses and the program of the ANA. Six months ago we estimated that pro-ANA, pro-nurse editorials had appeared in some 125 newspapers, with a total circulation of five and a half million. Since then many more have appeared and editorial support for the nursing program appears continually all over the country.

As to radio, its importance can't be overestimated. Radio penetrates into almost every home in the country. American radio, of course, is privately owned and in business primarily to make money through the sale of advertising time. Nevertheless, stations are constantly under pressure to provide public service features, and they do offer their facilities without charge for the transmission of information of public interest. As a consequence, we supply radio stations with short spot announcements running anywhere from ten to thirty seconds in length, detailing the points in the ANA's program. By actual listening, and through surveys taken of the country's major stations, we know that a day seldom passes without an ANA announcement going out over the air.

One of the most effective means of dramatizing a cause is to prepare what is called a special event. Two such events will serve as good examples of this technique. One was conducted early in our campaign and the other is currently in progress. The first was a dramatic telephone roll call conducted by the president of ANA, Katharine J. Densford. In a single day, Miss Densford telephoned the president of each of the forty-eight state organizations, as well as those of Washington, D.C., Puerto Rico, and Hawaii. The purpose of that roll call was to dramatize the national

and state associations as leaders in resolving the nursing crisis — to impress the public with the fact that nurses were doing more about the situation than anyone. Today many events compete for public attention and this device was used to hit the public hard.

Advance preparations were made to co-ordinate the roll call project. Releases were sent to newspapers and radio stations, and assistance given each state association in obtaining maximum publicity in their own newspapers. With the close co-operation of the state associations and the local telephone companies, the roll call was completed three-quarters of an hour ahead of schedule. Many newspaper stories, syndicated articles, and radio broadcasts covered this event throughout the country. A particularly important feature of it was that its cost was nominal. For an expenditure of only $180 for phone calls we received nation-wide coverage. To illustrate how inexpensive that is, I need only to point out that a full-page advertisement in one newspaper, the *New York Times*, costs approximately $2,400.

Nor did we stop with the roll call. Immediately following it, Miss Densford dispatched a telegram to the governors of each state, calling upon them to consider measures to resolve the nursing crisis. This telegram said, in part:

> We in the ANA are doing everything in our power to rouse the public to a clearer understanding of the nursing crisis, because nurses cannot single-handedly solve this problem. Effective action needed at once in every state. As president of the ANA I am respectfully requesting the governors of each state to co-operate with us. We shall deeply appreciate a prompt reply from you as to what co-operation you can give in this situation.

By this dramatic step attention was focused on the nation-wide aspect of the situation, plus the fact that action had to be taken locally to achieve concrete improvement. The governors were also made aware of the activity of the nursing profession, you may be sure, and began taking a more direct interest in the nursing problems in their states. By these methods we had made the first large dent in the mind of the American public. Millions of people were becoming aware of the nurse as something more than just an anonymous figure in a white uniform.

The second special event of which I spoke is a contest conducted in co-operation with the world-famous Theatre Guild. The Guild is the producer of a successful musical show "Allegro." The story of "Allegro" is the career of a young doctor. The most important secondary role is that of a nurse who is influential in persuading him to return to a more ethical type of practice. The character of the nurse, in fact, is an extremely important one in the play and is treated very sympathetically. Our organization suggested to the Theatre Guild that we co-operate in conducting a nation-wide contest to select a registered, professional nurse to be known as "Miss Allegro, R.N." The winner will be awarded a series of worthwhile prizes during a week's stay in New York. The contest has attracted a great many entrants, and we have received extremely good notices in the papers.

These activities demonstrate the kind of positive action the nursing profession is taking at present in the United States. A new and dramatic theme will be introduced in coming months — the Diamond Jubilee of American nursing, signaling seventy-five years of nursing progress in the United States. This Diamond Jubilee will be personalized through the figure of Linda Richards, recognized as America's first professional nurse, who graduated in 1873, the year in which the Nightingale system of schools of nursing was set up in the United States. The American people will be hearing a great deal about the Diamond Jubilee in coming months.

One of the most important activities carried out under the public relations program has been the pamphlet campaign. We began with a series of four pamphlets. The first, "An Appeal for Public Co-operation to Resolve the Nursing Crisis," summarized the three primary planks in the ANA

platform, and called the public's attention to the crisis facing nursing and the public alike. We mailed 23,000 copies of this pamphlet to the leaders in key groups throughout the country.

At brief intervals thereafter the three companion pamphlets in this series were mailed to smaller groups who could be appealed to on the basis of their particular interests. Each of these pamphlets concerned itself with a detailed discussion of the three points summarized in the first. Pamphlet No. 2 dealt with economic goals, No. 3 with legislative aims, and No. 4 with the problem of distribution. The inside of each pamphlet presented the overall problem, the situation today, how the problem could be solved, what the public would gain, and what the public could do to help.

In response to the first pamphlet we received more than fourteen hundred requests for additional copies, although we had not offered any extras. Many of these requests came from such people as congressmen, senators, hospital superintendents, and university presidents from all over the country. A flood of letters poured in offering co-operation and requesting additional information. In addition, we received a fresh crop of editorial support. For example, there was the now famous *New York Herald Tribune* editorial — "A Forceful Challenge." After saying that "the American Nurses' Association presents to the public a challenge which it cannot safely dismiss," the editorial concluded with this paragraph:

> The nurses have a program: better pay, better hours, social security, such benefits as sick leaves, vacation pay, and pay adjustments for night and overtime work — in short, enlightened recognition of the personal and professional status which should be accorded them. They ask action, spurred by an informed public demand from civic and community groups, to put this program into effect. And they ask it, in all sincerity, not only on behalf of the nurses themselves but in order that high-standard nursing care to meet the American people's needs may be maintained.

The *New York Herald Tribune* is one of the most influential and important newspapers in the United States. Its excellent editorial was almost immediately reprinted in more than twenty-eight other newspapers throughout the country and, according to the latest calculation made, it has been seen by approximately a million and a quarter newspaper readers.

Earlier this year, our pamphlet publication program continued with the issuance of a series of three fact sheets prepared in question and answer form. These leaflets asked and answered all the queries about the economic security platform, the legislative control platform, and the question of distribution of nursing service. They have been distributed widely and requests are constantly being received for additional copies.

Newspaper support was so gratifying that an inexpensive pamphlet, addressed to editors all over the country, was next prepared. This pamphlet thanked the country's editors, set forth in pictograph form the latest statistics on the nursing situation, and appealed to the papers for continued assistance and co-operation. Additional pamphlets are now in preparation.

We have also concentrated on another large medium of communication — the popular magazines. We proceeded in two ways: one, to offer the facilities and assistance of the ANA to the magazines in any articles they may have been preparing, and also to refute articles containing erroneous information about the nursing profession. During the past several months extremely comprehensive and favorable articles have appeared in the *Saturday Evening Post*, *Pathfinder Magazine*, *American Life*, and *Business Week*, all of them reflecting information and data supplied by the American Nurses' Association. Earlier, the *Ladies' Home Journal* published an article which gave a highly inaccurate picture of the nursing profession. The editor of the *Journal* was immediately approached with a firm request that the nurses be given an opportunity to answer this article and present their point of view. Our answer appeared in the February

issue of the *Journal* and ran to two full columns.

This technique of answering distortions and misrepresentations goes on constantly. It must, and is, a steady campaign to counteract material harmful to the nursing profession. For example, *Hygeia* magazine ran an article by Dr. Morris Fishbein, of the American Medical Association, in which he suggested training more practical nurses to take over the *major* part of bedside nursing in hospitals. A telegram was immediately sent Dr. Fishbein, branding his proposal "detrimental and dangerous," pointing out that the nursing crisis cannot be relieved by such a simple step as replacing professional nurses with practical nurses, and stating why more professional nurses are needed. Most of the major papers carried the ANA's statement.

A word about motion pictures. Obviously they present a more difficult medium to approach than any other. Nevertheless, we suggested to several film studios that a documentary film on nursing be produced. We aroused the interest of RKO-Pathe, which produces a series known as "This is America." These are two-reel films, running approximately sixteen minutes each, and are shown in commercial theatres in nearly every state. Shortly before I left New York I examined the preliminary script prepared by RKO-Pathe. The plans for the picture are definite and, while no release date has yet been set, it will presumably be seen some time within the next six or eight months.

To return briefly to the internal campaign which I mentioned earlier, we have recently prepared a Public Relations Workshop which is now being sent to state and district nurses' associations throughout the United States. Featuring the latest techniques of audio-visual education, the workshop consists of a five-hour series of recorded talks on the various phases of ANA public relations activities which are synchronized with some 315 slide films. These talks are detailed discussions of the various phases of public relations media — the press, radio, motion pictures and television, direct mail, word-of-mouth, planned events, and so on.

It is hoped that the great majority of professional nurses in the United States will have the opportunity of attending an ANA Public Relations Workshop session. The knowledge thus gained will enable the members of the profession to participate actively, on a local level, and be of invaluable help to the national campaign. I cannot stress too strongly the importance of keeping the local membership groups informed as to what is going on and why, for the individual nurse must see how the program benefits her personally or much of its effectiveness is weakened.

At this point, in the ANA public relations program, the foundations have been laid. What is planned for the future is to keep the campaign in motion at an even more accelerated pace, in order to consolidate the advances that have been made, and to prevent the program from losing momentum. Much has already been accomplished. Progress has been reported from many different sections of the country. The nurses are making their voices heard in local legislatures. Hospital managements are bargaining collectively with the state nurses' associations. The general public is becoming aroused to the fact that there is a serious nursing situation, and many interested groups are co-operating with the nurses to achieve concrete improvements. Campaigns are going forward to improve the calibre of schools of nursing. More and better qualified recruits are entering the schools, and educational standards will, we believe, gradually see improvement.

From what I have learned during my stay in Canada it would seem to me that the problems confronting the nursing profession here are basically quite similar to those in the States. There are individual differences, naturally. Not everything that has been done by the American Nurses' Association can be repeated in every detail here. Nevertheless, I do believe that the example shown

by the ANA illustrates what can be accomplished by taking the initiative. For too long now the nursing profession has been the victim of an antiquated economic set-up. It is absurd for a professional group, such as nurses, to have to continue in this position indefinitely. When enough people become aroused to the predicament of the profession something can be done about it. By developing a unified, planned campaign to carry the story of nursing to the Canadian people, the Canadian nursing profession could achieve its goal — a better deal for the professional nurse and, simultaneously, more and better nursing care for everyone who needs it.

Public Relations Committee

At the executive meeting, March 18-20, 1948, a committee was appointed to draw up a program on public relations and Miss H. McArthur was appointed convener with authority to appoint her own committee members. The following members were added immediately: Margaret Kerr, *Canadian Nurse Journal*; Christine Livingston, chairman, Publicity Committee, C.N.A.; Ethel Cryderman, vice-president, C.N.A.; Gertrude Hall, National Office.

One meeting has been held at which Misses Kerr, Livingston, Hall, and McArthur were present. This report is the result of that meeting and some investigation by the chairman. The recommendations were approved by the members present at that time. Additional members have been added since as follows: Dorothy Macham, Women's College Hospital, Toronto; Sr. Mary Kathleen, St. Michael's Hospital, Toronto.

A review of the minutes of the executive meetings during the last biennium indicated that at no time had there been a unanimous opinion as to the need for a National Public Relations Committee or program, and although a Publicity Committee was appointed at the beginning of the biennium, its duties and functions were curtailed from time to time. In December, 1947, the general secretary expressed deep concern for the lack of understanding of what the motives and aims of organized nursing really are and suggested that the Canadian Nurses' Association might consider the desirability of trying to establish better public relations by setting up an Advisory Committee, composed of representative men and women from the fields of education and industry, the press, and the community at large. This matter was referred to the provinces for consideration and in March, 1948, the replies indicated that the majority opinion from the provincial associations was that such a national committee is not advisable at this time. The results of inquiries from provincial associations, relating to the employment of a commercial expert on publicity, indicated that the majority of provincial associations were prepared to combat adverse publicity on nursing provincially, and that the employment of a commercial expert was not necessary at that time.

However, following a discussion of future functions of the C.N.A., the Committee on Public Relations was appointed. The convener could not feel that the committee had any foundation whatsoever to start on and its first duty was to attempt to formulate some policy on which a program might be based. Without the support of the Executive Committee and the provincial associations, a Public Relations Committee would be impotent.

The National Information Bureau of the American Nurses' Association states that a good public relations program for nurses and nursing requires:

1. A policy directed by the nursing profession toward certain goals, capable of being stated clearly, and revised as conditions change.

2. A program of action to carry the policy into effect.

3. Spokesmen competent and ready to express the policy.

4. Speed and flexibility in dealing with issues as they arise.

5. Courage to meet criticism, from within or without the profession.

6. Vision to anticipate trends and to keep abreast or ahead of them.

7. Awareness of the programs of other professions and the movements of social forces

so that professional nursing may be consciously and constructively related to them.

8. An informed — but not necessarily unanimous — nursing profession, every member of which is aware of her own potentialities as a source of good public relations, whether at the patient's bedside or in the halls of congress.

9. Consideration of the public relations viewpoint, and participation of specialists from this field, in the initiation of major projects or the development of basic policies.

10. The will, the budget, and the staff to make the proceeding effective through all major channels.

These are presented as background for our deliberations.

The convener wishes to point out that this committee, as do all others, will report to each executive meeting any of its actions and plans and, therefore, will be reporting to the provinces at least twice yearly; that in the main any program it will develop will be for the provincial associations to utilize or reject as they see fit and that the committee can be dissolved at any executive meeting. With this in mind the following recommendations are made in an attempt to establish a basis on which the Public Relations Committee might draw up a program:

1. That the Publicity Committee be incorporated into the Public Relations Committee.

2. That the objective of this committee be: (a) To foster expanding confidence in what we as nurses are doing by developing a more complete understanding of what we are trying to do; (b) to increase public confidence and understanding of nursing and the nursing profession.

3. In order to attain these objectives the first steps should be:

(a) That the following committees shall *clearly and specifically outline the policies which they wish to have the nurses of Canada accept:* Educational Policy, including its subcommittees on Auxiliary Workers, Male Nurses, the Functions of Public Health Nurses; Labor Relations; Constitution and By-laws; Health Insurance; Code of Ethics; Student Nurse Activities; Public Health Nursing; Private Duty; Institutional Nursing.

That the chairmen of the above committees act in a consultative capacity to the Public Relations Committee.

(b) That the Executive Committee authorize the Public Relations Committee to use the material assembled by the national committees and the Executive Committee at once, *while it is still news*, on such occasions and in such a way as the committee may consider is in the best interests of nursing and the nursing profession.

The procedure would then be, that after the chairman of the committee has her report presented and approved by the Executive, *it is the chairman's responsibility* to bring to the attention of the Public Relations Committee any policies approved, and material on hand to illustrate and develop the question. The Public Relations Committee then would have the authority to interpret and release it as it sees fit.

(c) That authority be given to the Public Relations Committee *to take national referenda* to ascertain how questions before the C.N.A. are judged in the minds of the membership at large — e.g., the medium of *The Canadian Nurse Journal* might be used. An accepted policy or a proposed policy, such as the question of state aid for nursing education, if and when we require it, might be pubblished in the magazine, requesting that each nurse send in her opinion of what is required to get action on the question or if they do not believe in the policy, what do they believe is the answer. Referenda might also be taken through the provincial registered nurses' associations.

(d) That the Executive Committee authorize the National Public Relations Committee to *make all national contacts.*

(e) That the appointment of a *full-time Public Relations officer* is necessary to make any program effective, and if a program of public relations is to be of primary importance to the C.N.A. a budget must be found for this purpose.

(f) That each provincial association and provincial committee must *clear all activities in public relations with the national committee* to prevent duplication and conflicts of purpose and action.

4. That the addition of members outside this association, who because they are specialists in the field of public relations, or from allied professional groups, industry, or the community at large with a contribution to make, be studied.

It was felt that no immediate decision on this question was necessary but it is a policy that would need a decision early in the new biennium if a public relations program of any magnitude is envisaged.

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whether they want them or not. It is within their power to determine whether these are good or bad, an asset or a liability. Good public relations means goodwill, a valuable though intangible asset of every business or profession and of every person. Because nurses want people to associate nursing with public service and with progress and want them to have confidence in the competence and integrity of nurses, it is essential to have good public relations. Canadian nurses are benefitting by the planned program of the American Nurses' Association through the publicity media — radio, magazine, and newspapers. Canadian publicity agents are anxious to be of assistance, but they ask specific things, for example — the whole truth or nothing; courageous members not coy women; a willingness to accept criticism.

HELEN G. MCARTHUR,
Convener.

I.C.N. Congress in Sweden

The Executive Committee, Canadian Nurses' Association, has now approved the appointment of Thos. Cook & Son Ltd., Montreal, the official travel agents for members of the C.N.A. who will be attending the International Congress of Nurses in Stockholm, Sweden, from June 12-17, 1949.

It should be pointed out, however, that the Registered Nurses Association of Ontario had previously made arrangements for their members through University Tours, Toronto. This action was taken because of the decision of the Executive Committee, C.N.A., in meeting December 5-7, 1947, namely, that each provincial association should make their own travel arrangements.

Sailings, itineraries and other necessary information will be announced at an early date.

For further information please write to: *Mr. R. F. Cummings, Branch Manager, Thos. Cook & Son Ltd., 1241 Peel St., Montreal 2.*

In Memoriam

Olive Pearl Brown, who graduated from the Ontario Hospital, Whitby, in 1926, died recently. Following graduation she engaged in private duty in Toronto until 1937 when she joined the staff of the Ontario Hospital in Orillia. During World War II she took a prominent part in assisting to establish the children who came to Toronto as war guests from Britain.

Miss Brown took a great interest in the activities of the Registered Nurses Association of Ontario. She was chairman of Chapter 2, District 5, for several years. She attended the congress of the International Council of Nurses in Atlantic City last year.

Christena Kempton, a graduate of the Public General Hospital, Chatham, Ont., class of 1915, died recently in Goderich, Ont. Miss Kempton had worked for twenty years in hospitals in Detroit.

Mrs. Henry Mason died in Swift Current, Sask., on May 16, 1948, at the age of ninety-six. Born in Scotland, Mrs. Mason came to Canada when she was twenty-five. She had nursed in Winnipeg for fifty years.

Bertha May Mayes, who graduated from the Saint John General Hospital, N.B., in 1934, died suddenly in June, 1948. Mrs. Mayes had engaged in private duty prior to her marriage.

Book Reviews

College Chemistry in Nursing Education, A Study of College Courses as a Foundation for Basic Preparation, by Edna Curtiss Morse, R.N., A.M., Ed.D. Edited by Isabel M. Stewart, R.N., A.M. 260 pages. Published by The Macmillan Co. of Canada Ltd., 70 Bond St., Toronto 2. 1947. Price $4.00.

Reviewed by Helen Penhale, Director, School of Nursing, University of Alberta.

Nursing is the application of the sciences—chemistry, microbiology, psychology — to

certain problems of disease. Every nursing procedure, treatment, observation, or prognosis is an implication of these sciences. Their value in preventive medicine and public health cannot be overlooked. The teacher whose function it is to teach the basic sciences and who is to help correlate theory and practice and assist the student to interpret patient care in terms of the basic sciences must be well prepared.

With this point of view in mind, the author questions "the practice of using standard college courses in general chemistry in the basic preparation for nursing." Part 1 of the monograph presents an evaluation of college courses. Their weaknesses in terms of the objectives of nursing education are well outlined. The concluding chapter of Part 1 — To Build Chemistry into the Nursing Experience — serves to emphasize the need for integration of the sciences in the development of good nursing practice.

Part 2 presents an excellent outline for a chemistry course in the nursing curriculum. Few nurses are properly prepared for the teaching of chemistry. This fact, plus lack of sufficient time and proper laboratory equipment for good teaching, makes this monograph of even greater value in Canadian schools of nursing. Suggestions for study and discussion are included with each unit. These represent definite application to everyday experiences of the student nurse.

This monograph should be studied by all engaged in the teaching of nursing as a means of developing a chemistry consciousness. "Better provision for chemistry in the nursing curriculum is one step toward the development of a stronger educational program and one which is more adequate for meeting the needs of the modern nurse."

Child and Adolescent Life in Health and Disease, by W. S. Craig, M.D. 667 pages. Published by E. & S. Livingstone Ltd., Edinburgh. Canadian agents: The Macmillan Co. of Canada Ltd., 70 Bond St., Toronto 2. 1946. Illustrated. Price $5.50. *Reviewed by Isabel Black, Supervisor of Nurses, Ontario Department of Health.*

This book is written by the assistant pediatrician of Simpson Memorial Hospital, Edinburgh, and is a study in social pediatrics in Great Britain. It is a large, well-illustrated volume of four parts.

Part 1 is historical. It is the social history of the children of the poor and homeless from the year 1600 until 1945. It reveals how indi-

viduals and voluntary organizations lead the way in reforms, to be followed by the acceptance of responsibility by the municipality and state. The role played by the hospital nurse and the "health visitor" during these centuries is woven throughout.

Part 2 discusses care of the child at the present time. The author passes from history to a detailed account of provision for the child and adolescent in health and disease as it is practised today.

In Part 3, the author points out that successful endeavors in the future will depend on a pooling of interest, co-operation among field workers, and a wide-spread education regarding the needs of the child and adolescent. The preparation required for the workers in this field is outlined. Under the section Trained Nurses seven different types of training are listed.

Part 4 outlines legislation relating to child and adolescent welfare. This part will be of interest to the nurses in the field of public health and social welfare. It contains the various Acts, and it is of interest to note how their legislation differs from ours in Canada.

This book would be of value as a reference book in any school of nursing or public health library.

Principles of Occupational Therapy, edited by Helen S. Willard, B.A., O.T.R. and Clare S. Spackman, B.S., M.S. in Ed., O.T.R. 416 pages. Published by J. B. Lippincott Co., Medical Arts Bldg., Montreal 25. 1947. Illustrated. Price $5.00.

Reviewed by K. M. Morton, Matron, Col. Belcher Hospital, Calgary, Alta.

In the opening chapters of this book, the authors give us the historical background and basic concepts of occupational therapy; its slow growth during the period between World Wars I and II and its rapid development since 1939; the educational requirements and present facilities, as well as its scope for the future.

The symposium which follows was developed by occupational therapists who are leaders in their own particular fields. The result is information which is basically sound, systematically prepared, and well presented. Every phase of the work is covered. Detailed plans are given for organization of occupational therapy departments in hospitals of various types as well as treatment for specific conditions. A special section is devoted to the importance of physical medicine

in the rehabilitation program of veteran administration.

The book gives specific information as to the treatment of practically every condition in which occupational therapy has been used, and draws an interesting comparison between the "curative" and "sheltered" workshops. It outlines clearly the techniques necessary for restoring function and assisting the handicapped patient to re-orient himself to a normal way of life.

This book could well be used as a text for occupational therapists and would be invaluable as a reference book in any hospital library, as it so clearly interprets occupational therapy and how it dovetails into the general plan of treating the "whole patient."

A Handbook of Charting for Student Nurses, by Alice L. Price, R.N., B.S. 386 pages. Published by The C. V. Mosby Co., St. Louis. Canadian agents: McAinsh & Co. Ltd., 388 Yonge St., Toronto 1. 3rd Ed. 1948. Price $4.00.

Reviewed by Floranna Bryant, Instructor of Nursing Arts, Homoeopathic Hospital, Montreal.

All instructors and supervisors of nursing have long recognized the importance of accurate charts and correct recording for each procedure taught in the classroom. Miss Price, fully aware of the difficulties encountered by both teacher and student in these matters, has provided them with a valuable guide in the form of a handbook. She aims to aid the teacher in her subject material and give the student practice in printing and charting outside the classroom.

The handbook has proved itself an educational tool and this third edition offers much that adds to its effectiveness. It is bound in loose-leaf plastic binding which allows the pages to be removed and reinserted but its durability is questionable. The type is easy to read and the explanatory comments are brief but pertinent and simply expressed. Although the handbook is not divided into any set sections, its contents are logically arranged and ample practice space is given throughout. The author begins with some general rules for printing and various kinds are shown. There follows a well-rounded section on routine charting dealing with all aspects; that concerning specific recording of procedures on the bedside notes is particularly well done. Sample copies of standard chart sheets and various ward notices and forms are used advantageously. In view of the fact that

individual hospitals differ in their charting systems, the ones used in her hospital can be substituted for these sample copies by the teacher. Other teachers may find these copies helpful in revising or improving present charts. The student is provided with food for thought and discussion. The latter part of this edition concerns charting for specialized departments and includes among sample forms those that have to do with personnel and practices relating to them. These could be utilized by supervisors and head nurses. They emphasize for the student the existence of such forms and the necessity for them. Worthy of note, because of its special significance to students, is the inclusion of a table of terms commonly used in charting and a list of standard abbreviations.

The handbook gives a well defined interpretation of charting in its broadest meaning. If properly utilized by teachers in schools of nursing it serves as an informative guide for the students. Head nurses and supervisors might find it useful as a practical reference book in ward libraries.

Counseling in Schools of Nursing, by H. P. Gordon, K. J. Densford, R.N., and E. G. Williamson. 279 pages. Published by McGraw-Hill Co. of Canada Ltd., 12 Richmond St. E., Toronto 1. 1947. Price $3.30.

Reviewed by Agnes Sutherland, formerly Night Supervisor, Royal Victoria Hospital, Montreal.

Counselling has been and is a part of hospital responsibility. Staff nurses and supervisors in general may not have special training in counselling and personnel work but who is in a better position to observe the character and different traits in these young women? The special counsellor would lift some of the responsibility from the staff nurse but she would need to be a woman of outstanding personality and character to shoulder so much responsibility. The staff nurses and supervisors, given training in counselling and personnel work, would appear to be in a better position to see a need and meet it on the spot unless overburdened with other duties. Perhaps more assistance for staff nurses would help them to take on more responsibility for the student in large schools of nursing.

One cannot help but feel that the majority of young women entering the modern school of nursing can and will adjust themselves to the different situations that arise in this professional environment in which they will find

themselves. Those who have great difficulty in this respect should try something else. Whether a hospital should be responsible for a special personnel worker to help these young women find their place in life remains to be seen. After reading the book through once I was bewildered and sorry for those in charge of large institutions. Their burdens seemed to grow daily! On reading large portions a second time, I could see the growing need for counselling. Perhaps a special counsellor and personnel worker would help lighten that burden.

The book is interesting and should be read by staff nurses and supervisors, taking for granted that instructors will have read it.

M.L.I.C. Nursing Service

The following transfers have recently taken place on the Metropolitan Life Insurance Company nursing staff:

Marie Reine Boulanger (St. Sacrement Hospital, Quebec City, and University of Montreal public health course) from Montreal to take charge at Drummondville; *Simonne Leduc* (Hotel Dieu, Montreal, and U. of M. public health course) from Quebec City to Montreal; *Anna Theriault* (Sacred Heart Hospital, Cartierville, and U. of M. public health course) from Drummondville to Montreal.

Ontario

The following are staff changes in the Ontario Public Health Nursing Service:

The newly-established Carleton Health unit, comprising the townships of Nepean and Gloucester, has appointed as supervisor of public health nursing *Ina Dickie* (Hamilton General Hospital; University of Western Ontario certificate course; University of Toronto advanced course in administration and supervision), formerly public health nursing supervisor, Prince Edward County health unit. Appointed to staff are: *Jean Falconer* (Kitchener-Waterloo Hospital and U. of W.O. certificate course), formerly with Huron County school health service; *Ann MacFarland* (Children's Memorial Hospital, Montreal, and McGill University certificate course), previously with township of Nepean; *Margaret Brown* (Toronto East General Hospital and McG. U. certificate course); *Jean*

Moynan (Kingston General Hospital and B.N.Sc. in public health, Queen's University, Kingston); *Hazel Wilson* (Ottawa Civic Hospital and McG. U. certificate course); *Frances Boudreau* (University of Ottawa public health course); *Jennie Aris* (Hepburn General Hospital, Ogdensburg, N.Y. and Ontario Department of Education summer course in school nursing), formerly with school medical inspection unit, Nepean township.

Appointments: *Mrs. Louise Park* (Hamilton General Hospital; U. of T. certificate course and advanced course in admin. and superv.), public health nursing supervisor, Leeds and Grenville health unit. Appointed to staff are: *Dorothy Pickering* (Peterborough Civic Hospital and U. of W.O. certificate course); *Catherine Ryan* (Pembroke General Hospital and U. of O. certificate course); *Dorothy Weissgerber* (Women's College Hospital, Toronto, and U. of T. certificate course).

Isobel Petrie (B.Sc.N. and advanced course in admin. and superv., U. of T.), public health nursing supervisor, Prince Edward County health unit; *Bernice Chalk* (Victoria Hospital, London, and U. of W.O. certificate course) to staff of unit; *Eileen Cryderman* (Toronto General Hospital; U. of T. certificate course; B.S., Teachers College, Columbia University), formerly district superintendent, Division of Public Health Nursing, Toronto Public Health Department, as director of nursing, East York-Leaside health unit; *Florence Stewart* (T.G.H. and U. of T. certificate course), formerly with Guelph Board of Health, Peterborough Board of Health; *Essa Kain* (Toronto Western Hospital and U. of T. certificate course), formerly with Porcupine health unit, *Mrs. Elsie Cook* (Ont. Hospital, Orillia, and U. of W.O. certificate course), and *Claire Skales* (T.G.H. and U. of W.O. certificate course), Bruce County health unit; *Mrs. G. (Harvey) MacDonnell* (Diploma course, U. of T.), Board of Education, Sault Ste. Marie; *Ivy Betts* (Niagara Falls General Hospital and U. of T. certificate course), Niagara Falls Board of Health; *Evelyn Dougher* (Mack Training School, St. Catharines and U. of T. certificate course), formerly with Northumberland and Durham health unit, Hamilton Department of Health; *Elinor Hall* (Royal Victoria Hospital, Montreal, and U. of T. certificate course), York Township Board of Health; *Irene Weirs* (Wellesley Hospital, Toronto, U. of T. certificate course and advanced course in admin. and

superv.), Hanover Board of Health (new service).

Mary Easton (Women's College Hospital, Toronto, and U. of T. certificate course), formerly with Board of Health, Etobicoke township, and *Kathleen Abbott* (Wellesley Hospital, Toronto, and U. of T. certificate course), formerly with Leeds and Grenville health unit, North York Board of Health; *Mrs. L. T. (Marchand) Lemay* (St. Michael's Hospital, Toronto, and U. of T. certificate course) and *Margaret Gibson* (Kingston General Hospital and McG. U. certificate course), Simcoe County health unit; *Margaret C. Smith*(T.G.H. and U. of T. certificate course), Middlesex County school health service; *Marian Malott* (Grace Hospital, Windsor, and U. of W.O.) and *Margaret Atkinson* (Women's College Hospital, Toronto, and U. of T. certificate course), Kenora-Keewatin area health unit; *Amy Willson* (T.G.H. and U. of T. certificate course), Lennox and Addington health unit; *Mona Sharpe* (Women's College Hospital, and U. of T. certificate course), Northumberland and Durham health unit.

Kathleen Redgate (Health visitor certificate, Royal College of Nursing, London, Eng.), *Evangeline Calvert* (Peterborough Civic Hospital and U. of W.O. certificate course), and *Lina Costa* (St. Michael's Hospital, Toronto, and U. of T. certificate course), Stormont, Dundas and Glengarry health unit; *Elizabeth Cox* (Ottawa Civic Hospital and U. of T. certificate course), Porcupine health unit; *Beaulah Hillborg* (Montreal General Hospital and U. of W.O. certificate course), *Margaret McEachern* (Hospital for Sick Children, Toronto, and U. of T. certificate course) and *Sophie Jopko* (Ont. Hospital, New Toronto, and U. of T. certificate course), Wellington County health unit; *Joyce Graham* (Women's College Hospital, Toronto, and U. of T. certificate course), Cochrane Board of Health; *Ellen Weedmark* (Hospital for Sick Children, Toronto, and U. of T. certificate course), Halton County health unit; *Mrs. Grace Wilson* (Grace Division, Toronto Western Hospital and U. of T. certificate course), Brant County health unit.

The following nurses have completed the advanced course in administration and supervision at the University of Toronto and have returned to the agencies with which they were formerly employed: *Norah Cunningham* (Vancouver General Hospital; B.A.Sc., University of British Columbia), senior public health

nurse, Haldimand County school health service; *Evelyn Cunningham* (Brantford General Hospital and U. of T. certificate course), senior nurse, Brant County health unit; *Gertrude Hammer* (T.G.H. and U. of T. certificate course), senior nurse, St. Catharines-Lincoln health unit; *Jean Scrimgeour* (B. Sc. N., U. of T.), senior nurse, East York-Leaside health unit; *Mary Willet* (B.Sc.N., U. of T.), Toronto Department of Public Health.

Resignations: *Helen Carpenter*, B.S., M. P.H., director of nursing, East York-Leaside health unit, to go to faculty, U. of T. School of Nursing; *Gladys Aylsworth* (T.G.H. and U. of T. certificate course) from Northumberland and Durham health unit; *Mary Floyd* (T.W.H. and U. of T. certificate course) from St. Catharines-Lincoln health unit; *Leah Lowe* (U. of T. diploma course) from Barrie; *Lucretta Armstrong* (Ont. Hospital, New Toronto, and U. of W.O. certificate course), *Florence Bell* (Victoria Hospital, London, and U. of W.O.) and *Winona Stevenson* (Victoria Hospital, London, and U. of W.O.) from Middlesex County school health service; *Dorothy Read* (Niagara Falls General Hospital and U. of T. certificate course) and *Lucille Riley* (St. Michael's Hospital, Toronto, and U. of T. certificate course) from Leeds and Grenville health unit; *Eva (Copeland) Zurbrigg* (Victoria Hospital, London, and U. of W.O. certificate course) from Perth County school health service; *Mrs. Nora Cunningham* (St. Luke's Hospital, New York, and U. of T. certificate course) from Orillia Board of Health.

News Notes

BRITISH COLUMBIA

ABBOTSFORD:

The Matsqui-Sumas-Abbotsford Chapter, R.N.A.B.C., was organized in February, monthly meetings to be held at the Abbotsford Hospital. To date, the average attendance is twenty-three. In March, Alice Wright, provincial registrar, told the members of the usefulness of the chapter in the community and the benefits which derive from it. One of the first projects of the chapter was to raise funds for sending parcels to needy overseas nurses.

Dorothy Holmberg, chapter delegate to the R.N.A.B.C. annual meeting, gave an interesting report on the proceedings. Early in May, several members attended the district meeting in Chilliwack. The highlight of the May meeting was an interesting talk by Dr. H. E. Cannon on "New Concepts of Medicine and Psychosomatic Medicine." Dr. Alberts was guest speaker in July and he gave a detailed account of "Congenital Heart Disease" with special references to operable cases. At this meeting plans were completed for the sale of raffle tickets for a round-trip plane ride to Victoria, including bus fare from Abbotsford and hotel accommodation for a night in Victoria. The meeting closed with a farewell social in honor of Dorothy Gerrard and Dorothy Holmberg, president and treasurer, who are leaving to nurse in California.

EAST KOOTENAY DISTRICT:

Windermere and Golden school districts now have the services of a public health nurse. K. Read, who obtained her public health certificate in 1944, has been appointed by the Department of Public Health to cover these districts. Formerly, Miss Read was with the Peace River unit as staff and senior public health nurse.

MANITOBA

DAUPHIN:

In connection with the Golden Jubilee of the founding of the city of Dauphin in 1898, it is interesting to note that this community is now the leading health centre in the province. It has the only diagnostic unit in Manitoba, was the first to have a rural health unit, and its 100-bed hospital is the largest and best equipped in northern Manitoba. This year a new building is being built on the hospital site—a health centre erected by the provincial Department of Public Works, where the health and diagnostic units and welfare offices will be located. A nurses' home is also planned for the near future.

Miss Sarah Pickens was appointed matron of the original 24-bed hospital in the fall of 1901. The first applicant and graduate of the training school was Winnifred Malcom. At present more than thirty students are receiving instruction under the direction of Christine Sinclair.

Under the government plan, Dauphin General Hospital is to become one of the four main health centres in the province. The health plan provides for free diagnosis, laboratory tests, and x-rays for residents in the diagnostic area which in this case includes Dauphin town, and the rural municipalities of Dauphin, Ethelbert, and Ochre River.

Returning to Dauphin for the celebrations was Alfreda J. Attrill, who won a prize for being the resident longest away from the district, which she turned over to the children's section of the hospital. Miss Attrill related how in 1896 she rode the stage coach into Dauphin to become the first school

teacher. Miss Attrill subsequently entered the Winnipeg General Hospital for training, going overseas in 1914 as a nursing sister. In recognition of her outstanding services, Miss Attrill was awarded the R.R.C., the decoration of St. John of Jerusalem which carries the title of Serving Sister of that Order, the King's Jubilee and Coronation medals as well as the 1914 Star, General Service, and Victory medals. Until her retirement in 1939 Miss Attrill was engaged in welfare services in Winnipeg.

NEW BRUNSWICK

SAINT JOHN:

Mrs. S. R. D. Hewitt has been appointed supervisor of the new Red Cross Lodge on Prince St., West Saint John. Long an active worker in the Red Cross and for a time during World War II commandant of the nursing section of the Red Cross Corps, in 1941 she acted as chairman of the provincial Red Cross Outpost Hospital Committee, being instrumental in establishing the first outpost hospital at Grand Manan. A Toronto General Hospital graduate, Mrs. Hewitt went overseas in World War I with the University of Toronto Unit No. 4, serving in France and the Mediterranean theatre. Her husband, the late Dr. S. R. D. Hewitt, was for many years superintendent of the General Hospital.

General Hospital:

Mrs. Victor (Kierstead) Thompson and Hazel (Richardson) Valintine, were recent visitors in the city.

ST. STEPHEN:

Myrtle Dunbar attended the C.N.A. biennial convention at Sackville as one of eight delegates chosen from the province and also as delegate from St. Stephen Chapter. Nellie Lyons, Nellie Spinney, Mrs. Ralph Rogers, and two student nurses — Jean Saunders and Phyllis Miller from Chipman Memorial Hospital — as well as H. Willa MacCoubrey of St. Andrews attended.

NOVA SCOTIA

HALIFAX:

Jean Forbes, V.O.N. supervisor, has been continuing her post-graduate studies in public health at Columbia University.

Children's Hospital:

Mrs. Helen Stacey, superintendent of nurses, recently entertained at tea in honor of Irene Robson, hospital nursing officer of the Division of Nurses and Midwives, British Ministry of Health. Miss Robson has completed a tour of Canada and the United States, attending the C.N.A. biennial convention. Included among the guests were: Ruby Tinkiss, nursing specialist on infant and premature care with the Department of

National Health and Welfare; Lyle Creelman, Canadian Public Health Association, who has been conducting a survey of public health work.

NEW GLASGOW:

Margretha Pedersen, a native of Denmark, is now on the staff of Aberdeen Hospital for a period until she becomes acquainted with Canadian customs and methods, and eligible to write the R.N. exams. Miss Pedersen was a district nurse in Copenhagen during the war and German occupational period and plans to remain permanently in Canada.

ONTARIO

DISTRICT 1

STRATHROY:

In a brief but impressive little ceremony at the General Hospital on Dominion Day morning, a fine Union Jack was dedicated and raised on a pole situated on the lawn between the hospital and the nurses' residence. The flag and pole were presented to the hospital by the nurses' alumnae association and to the president, Myrtle Branton, fell the honor of raising the flag for the first time as Rev. S. M. Scott pronounced the dedication.

DISTRICTS 2 AND 3

Brantford General Hospital:

The graduating class of 1948 were recently entertained at a banquet given in their honor by the alumnae association. The toastmistress was Mrs. Stuart Barber. Margaret Southward proposed the toast to the King, Irma Pearson to the school of nursing, with Dora Arnold, director of nurses, responding, Barbara Kennedy to the alumnae association with Olive Plumstead, president, responding, Edna Lewis to absent members and Elizabeth Russell to the new class, with Shirley Paul responding.

Following the banquet a very successful dance was held, sponsored by the alumnae.

The home of Mrs. Reginald Kirkby, Mohawk Rd., was the scene of the annual alumnae picnic when around fifty members and guests enjoyed lawn games and a singsong. Gladys Westbrook and her committee assisted the hostess in serving a picnic supper.

DISTRICT 5

COLLINGWOOD:

At the recent graduation exercises of the General and Marine Hospital, seven graduates received the diplomas and pins of the school of nursing. Mr. Clare Trott presided at the ceremonies, extending a welcome to those present, and the invocation was said by Rev. A. Mills. For the citizens of Collingwood, Mayor G. J. Kohl extended congratulations to the graduates and expressed the town's pride in its hospital and splendid record of service. As president of the medical staff, Dr. R. E. Ives proffered some timely advice

to the new class beginning work in their chosen career.

TORONTO:

St. Michael's Hospital:

Sixty-four nurses recently received their diplomas and pins at the fifty-fourth annual graduation exercises of the school of nursing. His eminence James Cardinal McGuigan was honorary chairman, with Dr. Edward F. Brooks acting chairman. In his opening address, Dr. Brooks remarked that to date St. Michael's has graduated 1,816 nurses. The Rev. J. W. Dore, C.S.B., gave the address to the graduates. Following the exercises, a reception was held for the relatives and friends of the new class. Later, Benediction of the Most Blessed Sacrament in the hospital chapel ended the day.

Western Hospital:

June was the month of gala celebrations in honor of the Golden Jubilee of the Toronto Western Hospital. Former members of the training school staff and some of the first students were honored guests at the semi-centenary jubilee celebrations which took place from the eighth to the tenth.

The present 600-bed hospital, now located at 399 Bathurst St., began as a small public dispensary in 1895 and was originally financed by twelve local physicians, who subscribed a hundred dollars each on a ten dollar down and five dollar per month basis. In the following years, with the aid of a city grant and private subscriptions, the present buildings were erected and equipped. In 1912 affiliation with the University of Toronto was effected, permitting clinical teaching of medical students on the wards. In 1926 Grace Hospital amalgamated with T.W.H. and, ten years later, when the private patients' pavilion was erected, moved to the present location.

The school of nursing was organized in 1896 by Annie Reid of Merrickville. Nellie Waterhouse (Mrs. I. P. McConnell) was the first student to enrol and graduated in 1898. At that time probation was only of three months' duration and training was completed in two years. Jean Smedley of Montreal was superintendent of nurses at the turn of the century, later succeeded by Georgina Woodland, Sarah Bell, and Kathleen Scott. In 1915, Beatrice Ellis was appointed. For twenty-five years Miss Ellis was in charge until her retirement in 1943. Gladys Sharpe, at present in charge of McMaster University School of Nursing, followed Miss Ellis. The position is now held by Myrtle Graham, with Blanche McPhedran as her assistant.

In the last half century, T.W.H. has graduated 1,738 nurses, including the 506 Grace graduates. At present the student enrolment is 180.

June 8 saw fifty-one nurses receive their diplomas at the graduation exercises, when Dr. F. W. Routley, national commissioner of the Canadian Red Cross, gave an inspiring talk to the graduates. A reception and dance followed.

The following evening a reunion banquet was held when some six hundred members of the alumnae association and the class of 1948 attended. Highlights of the evening included: An address by Prof. Boyd of the University of Toronto; a presentation of a bouquet to Mrs. I. P. McConnell by E. Greene of the graduating class who modelled the uniform worn by the first student nurses at T.W.H. Miss Ellis responded to the toast to the absent members of the alumnae.

On June 10 the alumnae association, of which Marjorie Agnew is president, unveiled portraits of the late Georgie Rowan, former superintendent of Grace Hospital, and Beatrice Ellis, at a special ceremony in Edith Cavell Residence. A reception was held later, bringing to an end the Golden Jubilee celebrations.

NEW TORONTO:

Ontario Hospital:

Prize winners at the recent graduation exercises for the school of nursing included: Eleanor Curran, alumnae scholarship for post-graduate study; Flora M. Foley, general proficiency; Muriel A. Doucett, greatest contribution to school during training; Muriel Jackson, junior psychiatric nursing (first year); Doris A. Reid medical and staff proficiency (first year).

DISTRICT 8

Ottawa Civic Hospital:

Honoring Geraldine Acres, who is to be married, a group of the staff nurses recently entertained at the home of Mrs. W. H. Casselman when the bride-elect was presented with a blanket. Georgia LeMaistre and Eleanor Macdougall assisted the hostess.

A large three-storey building, formerly a single residence, is being converted into an auxiliary nurses' residence.

QUEBEC

QUEBEC CITY:

The Chateau Frontenac was the scene of the annual dinner given by the Jeffery Hale's Hospital Alumnae Association in honor of the 1948 graduating class. N. Power read the class prophecy, with piano selections rendered by Mr. W. H. Ross. The following evening nine graduates received their diplomas. The Governor's Prize was awarded to S. Crockett and the Women's Auxiliary Prize was won by Miss Power. The graduates were later guests at a formal dance held at the nurses' residence.

V. Wrye attended the C.N.A. biennial meeting at Sackville. E. Drazer is in charge of the men's medical and surgical wards, replacing M. Weldon who resigned to be

married. J. MacTavish has replaced M. Taylor, who is doing general duty at Grand'-Mère Hospital.

SHERBROOKE:

Bringing to a close their three-year course of training, one of the largest classes ever to graduate from the Sherbrooke Hospital received their diplomas recently. After the invocation, Miss Harvey, the superintendent of the hospital, presented the nurses with their pins and they received their diplomas from G. Armitage, president of the board. The guest speaker was Dr. H. D. Bayne whose inspiring talk was heard with interest by all those present. "Knowledge is power, the greatest investment in anyone's life. You can never know too much. It is now your duty to . . . serve the suffering and to be worthy of that highest and noblest calling, namely the restoration of health to your fellowman."

The prize winners were as follows: Audra Meyer — for loyalty, observation of rules and standards of the hospital (given by president of the hospital); Mary Allen — executive ability (Hon. Justice C. G. MacKinnon); Madeline Woolley — surgery (Dr. Lynch); Phyllis Christie — practical work (Dr. Bayne); Gloria Wiggett — highest marks during course in senior group (late Dr. Winder); Marjorie Beckwith — highest marks during course in junior group (S. H. Ladies' Auxiliary); Geraldine Howse — general proficiency (Dorothy Seiveright); Freda Reletz — obstetrical work (Dr. Hill); M. Beckwith — highest marks in diseases of the chest (Dr. Marcus); Jean Russell — highest marks in anesthesia (Dr. Einbinder).

In the evening the alumnae association entertained at a dinner when over ninety graduates were present. The toast to the King was proposed by Miss Harvey while Mrs. E. Lavallée, the president, welcomed the new graduates. Annie Jamieson toasted the new class with Miss Allen responding. A dance later brought the ceremonies to a close.

SASKATCHEWAN

MAIDSTONE:

A tea and shower were held recently in the nurses' residence on the hospital grounds, the hostesses being Matron Marion Marshall, Jean McLaren, and Audrey Flint. The residence, just completed, all by voluntary labor, consists of three bedrooms, bathroom, and sitting-room. Ninety-one dollars was raised on this occasion and there were donations of glass-ware, towels, pillow-cases, and other articles.

Over three hundred dollars was also realized when the people of Milleton district put on a dance in aid of furnishings for the residence.

MOOSE JAW:

Scholarships in teaching and nursing supervision, to be taken at the University of Manitoba, have been awarded to two nurses on the staff at the General Hospital — Mrs. V. Brand and M. Redmond.

Positions Vacant

Supt. of Nurses with New Brunswick Registration for General Hospital with School for Nurses. Applications should give full details of education, post-graduate training, experience, references. Apply Restigouche & Bay Chaleur Soldiers' Memorial Hospital, Campbellton, N.B.

Operating-Room Nurses and General Staff Nurses. 44-hour wk. Starting salaries: $150. and $140 gross respectively. Registration in British Columbia essential. Apply Supt. of Nurses, Royal Columbian Hospital, New Westminster, B.C.

Science Instructor for 100-bed hospital. Apply, stating qualifications & when services available, to Supt. of Nurses, Sherbrooke Hospital, Sherbrooke, Que.

Registered Nurses for General Staff at Tranquille Sanatorium, situated on Kamloops Lake near Kamloops, B.C. Gross salary for 8-hr. day, 5½-day wk.: $174 per month during 1st yr., $186 per month for 2nd yr. & $5.00 raise per month in 3rd, 4th, and 5th yrs. of service, minus $27.50 for board, room, laundry. 31 days' vacation per annum with pay plus 11 days statutory holidays. 14 days sick leave each yr. accumulative with pay plus 6 days incidental illness. Superannuation Plan. Up to $50 of fare refunded. Apply to Supt. of Nurses, Tranquille, B.C.

Supervisor for Clinical Teaching in 125-bed hospital. **Head Nurse** for 20-bed ward. 8-hr. day, 6-day wk. 1 month vacation with pay after a yr. Apply, stating qualifications, salary expected, to Supt. of Nurses, Children's Hospital, Winnipeg, Man.

Night Supervisor for 100-bed hospital. **General Duty Nurses.** 6-day week, 8-hour duty. Apply, stating qualifications, Supt. of Nurses, General Hospital, Woodstock, Ont.

Graduate Staff Nurses for modern 120-bed hospital, fully approved. 60 miles from New York City. Salary range: $2,100-$2,400. Vacation, sick time, 10 holidays. 48-hr. wk. Added compensation for evening & night duty. Salary increase every 6 months. Attractive residence facilities available if desired. Apply Director of Nursing, Horton Memorial Hospital, Middletown, New York.

Registered Nurses for small hospital — for General Duty, to assist in Operating-Room, Night Duty. Good salary. Apply Supt., Rosamond Memorial Hospital, Almonte, Ont.

General Duty Nurses. Salary: $125 per month with maintenance. Overtime paid. 8-hr. duty, 6-day wk. Apply Supt. of Nurses, Municipal Hospital, Brooks, Alta.

Graduate Nurses. Salary: $110 per month with time bonuses. $10 per month extra if living out. 8-hr. day, 6-day wk. 3 wks' holiday with pay. 2 wks' sick leave per annum. Full maintenance. Ideal living conditions. Fine nurses' residence. Apply Alexandra Marine & General Hospital, Goderich, Ont.

Graduate Nurses for completely modern West Coast hospital. All-graduate staff. Commencing salary: $150 per month less $25 for board, residence, laundry. Annual increment. 44-hr. wk. 1 month's vacation with pay after 1 yr's service. Transportation allowance not exceeding $60 refunded at end of 12 months. Apply, stating experience, Matron, General Hospital, Prince Rupert, B.C.

Registered Nurses for General Staff at Ontario Hospitals in Brockville, Hamilton, Kingston, London, New Toronto, Orillia, St. Thomas, Toronto, Whitby, Woodstock, and Toronto Psychiatric Hospital. Initial salary: $1,840 per annum, plus $180 Cost of Living Bonus, less perquisites ($26.50 for room, board, laundry). Annual increment, accumulative sick leave, superannuation, 3 weeks' vacation, statutory holidays and special holidays with pay. 8-hr. day, 6-day wk. Apply to Supt. of Nurses at above hospitals.

United Cambridge Hospitals—Radiographer for Radiotherapeutic Dept. of Addenbrooke's Hospital, Cambridge, England. Salary according to scale. Post can be temporarily resident for women applicants. Apply, with full particulars & names for reference, Matron, Addenbrooke's Hospital, Cambridge, England.

Supt. immediately for 50-bed hospital. Apply, stating experience & salary expected, Business Manager, Payzant Memorial Hospital, Windsor, N.S.

Registered Nurses for General Duty. Highest rates of pay. Apply for further information to Supt., Kingston Sanatorium, 790 Princess St., Kingston, Ont.

Night Supervisor, Supervisor: Surgical Ward, General Duty Nurses for 50-bed General Hospital. Apply Supt., Blanchard-Fraser Memorial Hospital, Kentville, N.S.

Graduate Nurses for General Duty. Salary: $155. Straight 8-hr. duty. 4 wks' annual vacation. 9 statutory holidays. Good living accommodation. Cafeteria meal service. Apply Matron, West Coast Hospital, Port Alberni, Vancouver Is., B.C.

Vancouver General Hospital has positions vacant for **General Staff Nurses.** Salary: $155 (plus laundry) increasing to maximum, $185. Extra $5.00 all-night rotation shifts. 4 wks' vacation & 11 statutory holidays with salary. Superannuation. Sick leave allowances. Registration in British Columbia essential. Apply Director of Nursing, Vancouver General Hospital, Vancouver, B.C.

Operating-Room Nurse for General Surgery in Operating-Room. Salary: Minimum $120 plus meals & laundry, living out. Salary on basis of increase every 6 mos. to maximum $140. Apply, stating school, date of graduation, experience, post-graduate study if any, Miss M. S. Fraser, Supt. of Nurses, Royal Alexandra Hospital, Edmonton, Alta.

Operating-Room Supervisor, experienced, fully qualified, for 70-bed General Hospital with busy surgery. Good living conditions, excellent salary to qualified person. Scrub nurse kept. Apply, stating experience, qualifications, Supt., Chipman Memorial Hospital, St. Stephen, N.B.

Night Supervisor & General Duty Nurses (4) for 30-bed General Hospital, 50 miles north of Toronto. Apply, stating age, experience, M. McComb, Supt., Lord Dufferin Hospital, Orangeville, Ont.

Registered & Graduate Nurses for General Duty. Salary: $120 & $110 per month plus full maintenance respectively. Apply Director of Nursing, County General Hospital, Welland, Ont.

Registered Nurses (2) for Staff Duty in 58-bed hospital serving country district. Apply, giving full particulars, Supt. of Nurses, Wrinch Memorial Hospital, Hazelton, B.C.

Public Health Nurse (qualified) as Organizer for Nursing Services, Canadian Red Cross Society. Starting salary: $2,100. Offers interesting work, with travel opportunities throughout Ont. Applicants with previous public health experience will be considered. Age limit, 40 yrs. Apply Miss Minnie E. Bartlett, Dir., Volunteer Nursing Services, Ontario Division, Red Cross, 621 Jarvis St., Toronto 5, Ont.

Supt. for Smiths Falls Public Hospital, Ont. Duties to commence as soon as possible. Gross minimum salary: $175 per month, plus sick leave, vacation, maintenance. Apply, stating qualifications, A. J. McCaw, Pres., Board of Governors, 23 Market St., Smiths Falls, Ont.

Director of Nursing Services for 200-bed General Hospital with Training School. Attractive salary for qualified person. Duties to commence Oct. 1 or as soon after as possible. Apply Sec., Board of Governors, General Hospital, St. Catharines, Ont.

Director of Nurses for 200-bed General Hospital in Ontario city. Approx. 20 nurses graduate each year. Give training, age, experience, salary expected. Apply c/o Box 7, The Canadian Nurse, Ste. 522, 1538 Sherbrooke St. W., Montreal 25, Que.

Asst. Supt. for 20-bed General Hospital. 8-hour day, 6-day week. 3 weeks' vacation. Salary: $130 per month; full maintenance. Knowledge of X-Ray preferred. Apply Supt., Louise Marshall Hospital, Mount Forest, Ont.

Asst. Supt. of Nurses for Muskoka Hospital (for Tuberculosis). Address inquiries to Mrs. Mazel McGee, Supt. of Nurses, Muskoka Hospital, Gravenhurst, Ont.

Supervisors for Ward Observation Program in Tuberculosis for student nurses in affiliation with district general hospitals. Pleasant living accommodation. Hospitalization & Pension Plan available. Apply Supt. of Nurses, Freeport Sanatorium, Kitchener, Ont.

Night Supervisor immediately. Experience preferred. Also **Asst. Night Supervisor.** Apply, stating experience, salary expected, Director of Nursing, Yarmouth Hospital, Yarmouth North, N.S.

Instructor capable of taking over direction of small School of Nursing in General Hospital in the Maritimes. State age, qualifications, religion. Apply c/o Box 9, The Canadian Nurse, Ste. 522, 1538 Sherbrooke St. W., Montreal 25, Que.

Public Health Nurse for Sanatorium; approx. 720 beds. State age, experience, references, salary expected. Personal interview desirable. Apply c/o Box 8, The Canadian Nurse, Ste. 522, 1538 Sherbrooke St. W., Montreal 25, Que.

Public Health Nurse for position of Field Organizer with Ontario Junior Red Cross. Excellent salary. Apply, stating qualifications, age, experience, Director, Ontario Junior Red Cross, 621 Jarvis St., Toronto 5, Ont.

Dietitian (qualified) for 70-bed General Hospital. Must have knowledge of Food Purchasing. Good salary. Excellent living accommodation. Apply, stating experience, qualifications, to Supt., Chipman Memorial Hospital, St. Stephen, N.B.

General Duty Nurses (4). 44-hr. wk. All statutory holidays. Salary: $150 per month. $30 maintenance. 28 days' holiday per yr. 1½ days' accumulative sick leave. Salary increase every yr. Beautiful mountain city with splendid opportunity for summer & winter sport. Apply Queen Victoria Hospital, Revelstoke, B.C.

General Duty Nurses (2) for 35-bed General Hospital. Salary: $100 per month & full maintenance. 8-hr. day, 6-day wk. Apply Supt., James Hamet Dunn Hospital, Bathurst, N.B.

Registered Nurses for General Duty at Miller Bay Indian Hospital, near Prince Rupert, B.C. Hospital operated by Indian Health Services, mainly for treatment of tuberculous Indians. Regular Civil Service holiday leave & sick leave credits applicable. Salary: $167 per month, less maintenance & laundry at $30 per month for nurses with 2 yrs' experience. We have vacancies now & transportation can be arranged under certain circumstances. Apply airmail to Medical Supt.

General Duty Nurse. Salary: $100 per month with full maintenance. 6-day wk., 8-hr. duty. 3 wks.' holiday with pay after 1 yr. service. Attractive nurses' residence adjoining hospital. Apply Miss C. MacCullie, Supt., County of Bruce General Hospital, Walkerton, Ont.

Registered Nurse immediately for 9-bed hospital. Half month night duty. 1 full day off each wk. Salary: $140 per month plus full maintenance. Apply Municipal Hospital, Cereal, Alta.

Have you a friend? Are you both Registered Nurses? We offer you a new ultra-modern 37-bed General Hospital in Langley, B.C., 1 hr. from Vancouver. Board & accommodation available. Gross salary: $150 including laundry. Apply Matron, Langley Memorial Hospital, Murrayville, B.C.

Registered Nurses for General Duty. 60-bed hospital. Salary: $140 per month plus full maintenance. Well-equipped nurses' residence in town of 4,000. Also **Night Supervisor.** Apply Supt., Lady Minto Hospital, Cochrane, Ont.

Instructor of Nurses, Operating-Room Nurse, General Staff Nurses. Liberal salaries. Excellent living conditions with recreational facilities. 1 month annual vacation. 5-day week. Apply Director of Nursing, Verdun Protestant Hospital, Box 6034, Montreal, Que.

Attention — Nurses! A number of vacancies exist for Registered Nurses due to increase of service. Separate nurses' residence with single rooms. Lively community. Gross salary: $155 and current R.N.A.B.C. agreement in force. Transportation refunded after 6 months. Apply Matron, Prince George & District Hospital, Prince George, B.C.

Graduate Nurses for General Duty. 8-hr. day. 6-day wk. Salary: $120 per month plus meals & laundry. Apply Rotary Hopewell Hospital, Leamington, Ont.

General Duty Nurses for 65-bed Solarium for Crippled Children on Vancouver Is., 25 miles from Victoria. Basic, gross salary: $150. 8-hr. day, 40-hr. wk., rotating shifts. Room, board & uniform laundry provided at $25 deduction. Staff housed in very modern, new, 4-6 bedroom cottages on waterfront. Excellent opportunity for nurses to gain experience in orthopedic & pediatric nursing. Apply in writing, giving date of graduation, training school, age, experience, Lady Supt., Queen Alexandra Solarium, P.O. Cobble Hill, V.I., B.C.

Night Supervisor for 200-bed General Hospital in interior of British Columbia. Hours: 11–7:00 a.m. 6-day wk. 1 month vacation yearly. Good salary. Apply Supt. of Nurses, Royal Inland Hospital, Kamloops, B.C.

Staff Nurses, eligible for registration in Mich., U.S.A., needed for all services in modern 200-bed hospital. Salary: $210 per month for 44-hr. wk. 6-month increase. $10 extra for 3-11 & 11-7 duty. 7 legal holidays. 12 vacation & 10 days sick leave per year. Cafeteria meal service. Laundry furnished. Room available at $10 per month. Apply Director of Nurses, General Hospital, Pontiac, Michigan.

Educational Director & Clinical Instructor immediately for 160-bed General Hospital connected with large clinic. Salary open. Capital city. Apply Director of Nurses, Evangelical Hospital, 6th & Thayer, Bismarck, North Dakota.

Graduate Nurses for 20-bed hospital. Salary: $120 per month. Increments after 1 year's service. Holidays with pay after 1 yr. 8-hr. day, 48-hr. wk. Straight 8-hr. shift. Full maintenance. 1½ days' accumulative sick leave. Free hospitalization. Bonus at end of the yr. New nurses' home nearing completion. Apply Supt., Municipal Hospital, Olds, Alta.

Nurse Instructors for University of Toronto Psychiatric Centre. Must be experienced in teaching & psychiatric nursing. Outstanding opportunity for fostering nursing in all its aspects. Salary scale: $2,240-2,340. Apply Director of Nurses, Psychiatric Hospital, Surrey Place, Toronto 5, Ont.

Head Nurses (in charge of wards day & night) for University of Toronto Psychiatric Centre. Must be of good standing. Stimulating experience with good prospects. All staff live out. 48-hr. wk. Salary scale: $2,040-2,240. Apply Director of Nurses, Psychiatric Hospital, Surrey Place, Toronto 5, Ont.

General Duty Nurses for University of Toronto Psychiatric Centre. Must be of good standing. Stimulating experience with good prospects. All staff live out. 48-hr. wk. Salary scale: If registered in Ont., $1,840-2,040; if not registered in Ont., $1,640–1,840. Apply Director of Nurses, Psychiatric Hospital, Surrey Place, Toronto 5, Ont.

Public Health Nurse (qualified). Apply, stating qualifications, age, experience, salary expected, to Dr. W. E. Henry, Medical Officer of Health, Township of York, Keele St. & Elora Rd., Toronto 9, Ont.

Graduate Nurses for Red Cross Outpost Hospitals in Saskatchewan. Salary: $160 per month less $25 maintenance. Added increment of $5.00 per month given on completion of each yr's service. 8-hr. day, 6-day wk. 1 month's holiday with pay annually. Apply Commissioner, Canadian Red Cross, Saskatchewan Division, Regina, Sask.

Instructor for Ward Aides for Muskoka Hospital (for Tuberculosis). Qualified Registered Nurse. Classroom instruction & practical ward nursing. Address inquiries to Mrs. Mazel McGee, Supt. of Nurses, Muskoka Hospital, Gravenhurst, Ont.

Do You Know These?

Dictionaries are fascinating books to read. Every one should form the habit of picking up new words to enrich the vocabulary. Our medical dictionaries can be equally interesting sources of information if we ever took the trouble to turn the pages. To familiarize ourselves with some of the less commonly used words, we shall publish lists from A-Z, from time to time. Use these words, if you have an opportunity — in reports, records, etc. Thus you will become increasingly familiar with them:

Abasia: Inability to walk, from loss of coordination.
Blepharism: Spasm of the eyelid.
Cheilitis: Inflammation of a lip.
Dinomania: Dancing mania.
Euplastic: Forming sound and healthy tissues.
Fletcherism: Thorough mastication of food.
Grumous: Lumpy or clotted.
Histoma: Any tissue tumor.
Ixodic: Pertaining to, or caused by, ticks.
Juxtangina: Inflammation of the pharyngeal muscles.
Kaliemia: Presence of potassium in the blood.
Levophobia: Fear of objects on the left side of the body.
Madarosis: Loss of eyelashes or eyebrows.
Nelavan: The African lethargy or sleeping sickness.
Orrhorrhea: A watery or serous discharge.
Perniosis: A skin affection caused by cold.
Quadroon: A person who has one quarter Negro blood; the child of a mulatto and a white person.
Rhinopathy: Any disease of the nose.
Serrefine: A forceps for compressing a bleeding vessel.
Tilmus: The pulling out of the hair.
Urorrhagia: An excessive secretion of urine.
Vellication: A twiching of the muscle.
Wen: A sebaceous cyst; also a goitre.
Xerantic: Causing dryness.
Yohimbine: Aphrodisiac alkaloid from a tropical tree.
Zaranthan: Hardening of the breast.

Behind Dark Glasses

Sun glasses should be used only during periods of exposure to bright sunlight unless a more continuous use is recommended on the basis of a careful eye examination. The color of the lenses is largely a matter of choice, but sun glasses should not alter the hues of natural scenery.

Physicians say that indiscriminate use of sun glasses may tend to lower the tolerance of the eyes to light. They are meant for daytime use only and in night driving are a hazard rather than a help.

Official Directory

Provincial Associations of Registered Nurses

ALBERTA

Alberta Association of Registered Nurses

Pres., Miss B. Emerson, 23 Rene LeMarchand Mns., Edmonton; Vice-Pres., Misses J. S. Clark, F. J. Ferguson; *Councillor*, Rev. Sr. Annunciata, Banff; *Committee Chairmen: Institutional*, Miss A. Anderson, Royal Alexandra Hosp., Edmonton; *Private Duty*, Miss O. J. Smith, Galt Hosp., Lethbridge; *Public Health*, Miss G. D. Hutchings, Strathmore; **Registrar, Miss E. B. Rogers, Reynolds Bldg., 10028-102nd St., Edmonton.**

Ponoka District, No. 2, A.A.R.N.

Pres., Miss Eleanor Stark; Vice-Pres., Miss Vera King; Sec.-Treas., Miss Margaret McNinch, Provincial Mental Hospital, Ponoka; *Reps.* to: *Labor Relations Committee*, Miss Florence Konkin; *Placement Bureau Committee*, Miss Frances Brickman; *The Canadian Nurse*, Miss Ruth Andrew.

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BRITISH COLUMBIA

Registered Nurses' Association of British Columbia

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New Westminster Chapter, R.N.A.B.C.

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MANITOBA

Manitoba Association of Registered Nurses

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New Brunswick Association of Registered Nurses

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Chairman, Miss V. Weston; Vice-Chairman, Mrs. D. Easton; Sec.-Treas., Miss R. Kirkpatrick, 3-176 Peter St., Port Arthur; *Section Chairmen: Hospital & School of Nursing*, Miss Marshall; *Public Health*, Miss H. Rush; *General Nursing*, Miss M. Kirkpatrick; *Committee Conveners: Program*, Miss H. Adams; *Membership*, Miss J. Hogarth; *Publications*, Miss D. Shaw; *Finance*, Miss M. Spidell; *Councillors*, Sr. Felicitas, Misses A. Hunter, O. Waterman & reps. from Kenora, Ft. Francis, Geraldton; *Reps.* to *The Canadian Nurse*, Mrs. W. Geddes, Miss J. Smart.

PRINCE EDWARD ISLAND

Prince Edward Island Registered Nurses' Association

Pres., Mrs. Lois MacDonald, P.E.I. Hospital, Charlottetown; Vice-Pres., Sr. Mary Irene, Charlottetown Hospital; Treas.-Registrar, Sr. Mary Magdalen, Charlottetown Hospital; **Sec., Miss Verna Darrach, 62 Prince St., Charlottetown,** *Section Chairmen: Public Health*, Miss Ruth Ross, 57 Orlebar St., Charlottetown; *General Nursing*, Miss G. McCarron, 78 Cumberland St., Charlottetown; *Hospital & School of Nursing*, Miss Anna Mair, P.E.I. Hospital, Charlottetown.

QUEBEC

The Association of Nurses of the Province of Quebec

The Association of Nurses of the Province of Quebec, created by Licensing Act, April 17, 1946, replacing The Registered Nurses Association of the Province of Quebec, Incorporated February 14, 1920.

Pres., Rév. Sr. Valérie de la Sagesse; Vice-Pres. (*Eng.*), Misses M. S. Mathewson, C. V. Barrett; Vice-Pres. (*Fr.*), Mlles A. Martineau, G. Lamarre; Hon. Sec., Rev. Sr. Felicitas; Hon. Treas., Mlle M. Cantin; *Councillors*, Mme P. Morency, Rév. Sr. Jean des Lys, Misses A. Trudel, L. Couet, E. MacLennan. The above constitutes the *Executive Council* and are Members of the *Committee of Management* together with: Misses M. A. Chamard, C. Demers, R. Aubin, A. Besner, F. Verret, B. Bourbonnais, B. Laliberté, C. Livingston, Rév. Srs. Normandin, St. Ferdinand, Marie Rheault, Marie-Paule. *Advisory Board*, Misses E. C. Flanagan, G. M. Hall, M. E. Lunam, M. Fischer, S. Soles, Rév. Srs. Paul du Sacré-Coeur, Thomas du Sauveur. *Committee Chairmen: Institutional Nursing (Eng.)*, Miss N. Mackenzie, General Hospital, Montreal 18; (*Fr.*), Rév. Sr. Denise Lefebvre, Institut Marguerite d'Youville, Montréal 25; *Public Health* (*Eng.*), Miss H. Perry, 4814 Fulton Ave., Montreal 26; (*Fr.*), Mlle E. M. Merleau, Canadian Red Cross, Que. Prov. Div., 3416 rue McTavish, Montréal 2; *Private Duty* (*Eng.*), Mrs. E. M. Griffith, 3660 Lorne Cres., Apt. 5, Montreal 18; (*Fr.*), Mlle A. M. Robert, 3677 rue Ste. Famille, Montréal 18. *Chairmen, Board of Examiners:* (*Eng.*), Mrs. S. Townsend, General Hospital, Montreal 18; (*Fr.*), Mlle J. Trudel, Hôpital Ste. Justine, Montréal 10. Secretary-Registrar & School Visitor, Miss E. Frances Upton. Visitor to French Schools, Mlle Suzanne Giroux. **Association Headquarters, 504-6 Medical Arts Bldg., Montreal 25.**

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District 2

Chairman, Mlle C. Demers, 44 rue Frazer, Lévis, Que.; Sec., Mlle M. Powers, 12 rue Bégin, Lévis.

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Chairman, Rév. Sr. Jean des Lys, Hôpital St. Eusèbe, Joliette, Que.; Sec., Mlle L. Robert, 540 rue St. Viateur, Joliette.

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Chairman, Mlle M. A. Trudel, Hôpital St. Joseph, Trois-Rivières, Que.; Sec., Mlle G. Parent, 795 rue St. Roch, Trois-Rivières.

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Alumnae Associations

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A.A., Holy Cross Hospital, Calgary

Pres., Miss M. Sparrow; Vice-Pres., Mrs. E. Crooks, Miss B. Kean; Rec. Sec., Mrs. R. Pelletier; Corr. Sec. Mrs. G. Westre, 233-3rd Ave. N.E.; Treas. Mrs. M. A. Jones; *Committees: Membership*, Mmes Walshaw, Orr; *Refreshments*, Mmes Stewart, Welch, Miss Cush; *Program*, Mmes McQuade, Sanford, Anderson; *Visiting*, Mrs. Colson; *Dance*, Misses Kean, Cush, Mrs. Welch; *Grad. Banquet*, Mmes Parsons, Sanford, Clark; *Overs. Parcels*, Mrs. Elleker; *Paper*, Mmes Moore, Whitford; *Cancer Driver*, Mrs. Kloepfer.

A.A., Edmonton General Hospital

Hon. Pres., Rev. Srs. A. Herman, F. Keegan; Pres., Miss Jo-Ann Slavik; Vice-Pres., Mmes W. McCready, C. Johnstone; Rec. Sec., Miss E. Daniel; Corr. Sec., Mrs. K. Nicholls, 11608-91st St.; Treas., Miss J. Howell; *Committees: Standing*, Mmes N. McIntyre (*conv*), H Southgate, J. Arial, M. Gonnet, Miss E. Carbol; *Visiting*, Misses Chervinski, M. Zrodlo; *Benefit Fund*, Mrs. R. Price; *Private Duty Rep.*, Miss E. Bolch.

A.A., Misericordia Hospital, Edmonton

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A.A., Royal Alexandra Hospital, Edmonton

Hon. Pres., Miss M. Fraser; Pres., Mrs N. Richardson; Vice-Pres., Mrs. C. Douglas, Miss D. Watt; Rec. Sec., Mrs. W. Norquay; Corr. Sec., Miss June Stuart, R.A.H.; Treas., Miss Jean Mackie, R.A.H.; *Committee Conveners: Scholarship Fund*, Miss A. Anderson; *Social*, Miss M. Moore; *Program*, Mrs. A. McDonald; *Reps.* to: *Local Council of Women*, Mrs. A. Boutillier; *The Canadian Nurse*, Miss V. Chapman.

A.A., University of Alberta Hospital, Edmonton

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A.A., Lamont Public Hospital

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A.A., Medicine Hat General Hospital

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A.A., Vegreville General Hospital

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A.A., St. Paul's Hospital, Vancouver

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A.A., Aberdeen Hospital, New Glasgow

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A.A., Brantford General Hospital

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A.A., Brockville General Hospital

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A.A., Public General Hospital, Chatham

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A.A., St. Joseph's Hospital, Chatham

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A.A., Cornwall General Hospital

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A.A., Hotel Dieu Hospital, Cornwall

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A.A., St. Joseph's Hospital, Hamilton

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A.A., St. Joseph's Hospital, London

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A.A., St. Michael's Hospital, Toronto

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